



COUNTY BOROUGH OF HALIFAX
HEALTH DEPARTMENT.

.....

ANNUAL REPORT
ON THE HEALTH
OF THE BOROUGH
For the Year 1925.

CYRIL BANKS,
M.B., B.S. (Lond.), D.P.H. (Sheff.),
Medical Officer of Health.



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Medical Officer of Health.

Health Committee

(as on Dec. 31st, 1925).

Mayor.

ALDERMAN WILLIAM SMITH, J.P.

ALDERMAN W. M. BRANSON, J.P., *Chairman.*

COUNCILLOR A. G. FARRAR, *Vice-Chairman.*

Alderman J. H. WADDINGTON.	Coun. J. FOSTER,
„ T. HEY, J.P.	„ W. GREENWOOD.
„ A. W. LONGBOTTOM,	„ F. SHARP.
„ A. WALTERS. J.P.	„ H. THORP.
„ J. SUGDEN.	„ F. A. LEACH, J.P.
Councillor P. BARRETT.	„ N. F. S. WINTER.
Coun. E. W. LYON.	

Sub-Committees

Appointed by the Health Committee.

Health Services and Hospital Sub-Committee.

THE CHAIRMAN.	COUNCILLOR SHARP.
VICE-CHAIRMAN.	„ FOSTER.
ALDERMAN HEY.	„ THORP.
„ WALTERS.	„ LEACH.
„ WADDINGTON.	

Cleansing Sub-Committee.

THE CHAIRMAN.	COUNCILLOR BARRETT.
VICE-CHAIRMAN.	„ GREENWOOD.
ALDERMAN HEY.	„ WINTER.
„ LONGBOTTOM.	„ LYON.

Accounts Sub-Committee.

THE CHAIRMAN.	ALDERMAN WALTERS.
VICE-CHAIRMAN.	COUNCILLOR BARRETT.
ALDERMAN SUGDEN.	„ WINTER.

Maternity and Child Welfare Committee.

The Health Committee with the following additional Members:—

MR. CHARLES NUNN.	MRS. LAVINIA LUMB.
MISS ETHEL DENTON.	MISS FLORENCE WHITLEY.
MRS. M. A. TAYLOR, J.P.	

Representatives of the Council on the Halifax Society for the Blind.

ALDERMAN W. M. BRANSON.	COUNCILLOR BARRETT.
„ T. HEY.	„ LYON.
„ LONGBOTTOM.	

Staff of the Health Department

(as on December 31st, 1925).



*CYRIL BANKS, M.B., B.S.(Lond.), D.P.H.

Medical Officer of Health and Chief Medical Officer of the
Medical Services of the Corporation.

*D. M. TAYLOR, M.A., M.D., D.P.H.

Assistant Medical Officer of Health, Clinical Tuberculosis Officer and
Resident Medical Officer, Sanatorium.

*A. LATCHMORE, M.D., Ed.

Assistant Medical Officer of Health and Medical Officer to Maternity and
Child Welfare Centre.

*F. W. WATERWORTH, M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health and Assistant School Medical Officer.

J. POLLARD, M.R.C.V.S., D.V.S.M., (Vict.)
Veterinary and Meat Inspector.

‡ H. G. CLINCH,
Chief Sanitary and Smoke Inspector.

†F. TEAL. †J. G. WALSHAW. †E. WILSON. †H. LEAPER.
District Sanitary Inspectors.

T. FEARNLEY, Shops Inspector.

‖§*ELSIE R. ORAM, Senior Health Visitor.

*L. WOLSTENHOLME. *E. MARSHALL. ‖§*M. H. SUTCLIFFE.
‡*G. BRIGGS. (Vacancy). *E. G. TINDLE.
Health Visitors.

J. W. JACKSON, Chief Clerk.

†CHARLES CARLTON. H. WRIGHT. H. CARLTON.
Assistant Clerks.

F. WILSON, Matron of the Borough Hospital and Sanatorium.

P. SHARPE, Removal Officer.

*W. DAVIDSON, Matron in charge, Sanatorium.

*Salary contributed to, under Public Health Acts or by Exchequer Grants.

†Certificate Sanitary Inspector, Royal Sanitary Institute.

‡Royal Sanitary Institute Certificates as Sanitary, Meat and Smoke Inspector,
and in advanced knowledge of Inspectors' duties.

§Certificate Central Midwives Board.

‖Health Visitor's Certificate.

The Analyst for the Borough is
Mr. H. T. LEA, B.Sc. (Hons.) M.Sc.; F.I.C.



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The late Miss ROBISON,
Matron, Stoney Royd Hospital,
1890-1925.



The late MR. D. TRAVIS,
formerly Chief Sanitary Inspector.

(Reproduced through the courtesy of the *Halifax Courier and Guardian*).

COUNTY BOROUGH OF HALIFAX.

REPORT

OF THE
MEDICAL OFFICER OF HEALTH,
FOR THE YEAR 1925.

INTRODUCTION.

*To the Chairman and Members of the Health
Committee.*

GENTLEMEN,

I have the honour to submit the 53rd Annual Report on the Health of the Borough. This not only refers to the year 1925, but, on the instructions of the Minister of Health, it takes the form of a survey of the sanitary circumstances of the town, with especial reference to progress made during the last five years. The items included, and the order in which they appear, are as prescribed by the Minister of Health in Circular 648.

* * * *

It has been possible during the last five years to accomplish a great deal within the Health Department in principles and in practice to render its workings efficient. The staff has been gradually restored to its former size and the duties have been re-arranged ; together with this, constant attention has been given to methods and systems of carrying out the duties, so as to ensure as far as possible that expenditure of money and effort gives rise to practical results. This is especially the case in regard to the general sanitary inspection, where the re-establishment of the post of Chief Sanitary Inspector has led to greatly increased efficiency.

* * * *

It is during the last five years that a move has really been made in regard to the conversion of the town's pail closets into water closets, and this work is now being

expeditiously proceeded with ; the Health Department has taken its share in this movement, along with other departments. The condemnation of the Crossfields area as insanitary, and the successful issue of the application made by the Council to the Ministry of Health for powers to deal with the area, form an item the importance of which, as a sanitary measure, cannot be over-estimated. Attention has been given to suburban water supplies, and action has been taken which will in time give satisfaction to the residents in those semi-rural portions of the town in which the private local supplies have been of an unsatisfactory character. During the last five years, too, the attitude of the public towards the question of atmospheric pollution has greatly altered, due to propaganda work locally and throughout the country ; it is doubtful whether any town has made more progress in actual smoke abatement than Halifax has during recent years, but there is still vast scope for further improvement.

* * * *

Maternity and Child Welfare work has progressed during the period under review. In 1922 the system on which the infant welfare centres were run was completely changed, and since then the centres have been primarily educational in function. The acquisition of premises in Northgate for a new infant welfare centre marks an important advance. The action taken by the Health and Maternity and Child Welfare Committees, jointly with the Education Committee, to provide a service dealing with cripples, or rather those liable to become cripples unless treated early, has been somewhat protracted, but will shortly be completed, when it is hoped that all preventable crippling will be prevented. Co-ordination and co-operation with the School Medical Service in this and other ways has been well established. The increased attention paid locally to the need for supervision of mothers during pregnancy (ante-natal care), should result in time in fewer maternal deaths, and less trouble resulting from childbirth.

* * * *

The above is not intended to be anything beyond a bare outline of some of the ways in which progress has been made, but sufficient has been said to indicate that the last five years have been important ones in the history of public health in Halifax, and I wish once more to express my appreciation of the loyal service rendered by the staff of the Department during the period, for without such very energetic co-operation it would have been impossible to bring about the changes which have been accomplished. It is a great satisfaction to the office staff to know that within a short time the old unsuitable premises at the Town

Hall are to be vacated in favour of more spacious offices in Powell Street, which will be more in keeping with the size and importance of the Department.

* * * *

Reference may here be made to the loss by death of two very greatly respected members of the staff. Miss Mary Robison, the Matron of the Corporation Hospitals, died at Stoney Royd on July 4th, after an illness of some duration. Miss Robison had been Matron since 1890, and her thirty-five years of service ought to be very gratefully remembered by the people of Halifax. At an early age a resident in the Crossley and Porter Home, Miss Robison proceeded later to take her general training as a nurse in Leeds, afterwards gaining fever-nursing experience in Glasgow, from which place she returned to Halifax to undertake the duties, which she fulfilled so faithfully until the time of her death at the age of 67. She was laid to rest in Stoney Royd cemetery, very near the scene of her life's work. Miss Robison's successor as Matron of the Stoney Royd Hospital is Miss F. Wilson, who was previously in the Liverpool Corporation's Hospital Service.

Mr. David Travis, formerly Chief Sanitary Inspector, died at the age of 80 years on February 10th. He was not a native of Halifax, but came here when he was 30 years of age to take up duty as a sanitary inspector, a calling in which he had had five years experience in Manchester. For forty-two years he continued actively to follow his profession in Halifax, in a period marked by very great sanitary reforms throughout the country. He retired in 1917 from the post of Chief Sanitary Inspector, but the Corporation retained his services for less arduous duties in connection with the Health Department, until his death. Mr. Travis was highly esteemed by his fellow officials and by the members of the Council, and his long record of faithful public service was an inspiration to his juniors.

I am, Gentlemen,

Your obedient Servant,

CYRIL BANKS,

Medical Officer of Health.

HEALTH DEPARTMENT,

TOWN HALL,

HALIFAX.

APRIL 30TH, 1926.

REPORT.

Natural and Social Conditions.

AREA (acres) 13,984

POPULATION.—The following figures show the variations which have occurred in the population over a period :—

1901 Census	...	...	...	...	104,944
1911 Census	...	...	...	...	101,553
1921 Census (adjusted)	...	...	...	...	100,700
1922 Registrar-General's Estimate	...	...	...	...	100,500
1923	"	"	"	...	99,840
1924	"	"	"	...	98,750
1925	"	"	"	for Birthrate...	98,090
1925	"	"	"	for Deathrate	97,860

The explanation of the difference between the "Deathrate population" and the "Birthrate population" is that non-civilians are not included when calculating the deathrate, but they are included when calculating the birthrate.

Standardising figure for Deathrate... .. .944

This is the figure by which the deathrate of Halifax must be multiplied in order to correct for the peculiar age and sex distribution of the Halifax population. The resulting figure enables a more accurate comparison to be made between the deathrate of Halifax and that of other towns.

Structurally separate dwellings occupied (Census 1921) 26,506

Number of families or separate occupiers (Census 1921) 26,830

Rateable value £660,751

Sum represented by a penny rate £2,450

Physical Features and General Character of the Area.

Halifax lies on the Eastern slope of the Pennine Chain (Long. $1^{\circ}51'33''$ W., Lat. $53^{\circ}43'27''$ N. at the Town Hall).

The most populous portion of the town covers an inclined plane which commences at the foot of an escarpment

known as Beacon Hill lying to the East and rises to the hills in the West. This plane is cut off along its southern edge (sharply in places, so as to show crags) and in the vale below runs the river Calder. The northern edge of the plane is cut away at the valley in which the Hebble stream runs; this stream after running from west to east turns south to run below Beacon Hill to join the Calder. The town, in addition to covering this inclined plane spreads out over neighbouring hills and valleys, while to the west and north the Borough includes large areas of grassland and wild inhospitable moorland. The height above sea level varies from 223 feet near the Calder river to over 1,000 feet in the urban portions, and even to 1,300 and 1,400 feet in the moorland districts, and in many places the transitions are rapid, so as to produce very steep gradients. There are few level areas of any size in the Borough, and much ingenuity has had to be displayed by builders in covering some of the steep slopes with houses. The town rests chiefly on millstone grit, and most of the buildings are of stone.

From its position on the slope of the Pennines Halifax is to some extent in the clouds, and cannot be described as a sunny place, the skies being usually grey. This natural greyness is increased by the smoke from South East Lancashire, and to some extent (though in less degree than formerly) by the smoke of Halifax itself. The atmosphere is somewhat damp, as may be judged by the fact that cotton spinning is carried on in the town. The winter climate is rather harsh, but many people regard the coolness of the Halifax summers as a satisfactory compensation for the rigours of the Pennine winters, and from the health standpoint this view may be a correct one. The accurate assessment of the effect of the climate of any locality upon the health of its inhabitants is, however, a very difficult matter, as there are many other factors, such as occupation, housing and wages, which come into play.

Social Conditions.

The following Table from the Census Returns shows the occupations of persons aged 12 years and over (1921):—

			Males	Females
Total Population	...	...	44,955	54,172
Under 12	...	...	8,533	8,543
Aged 12 or over	...	...	36,422	45,629
Agricultural occupations	...	...	713	28
Mining and quarrying	...	...	471	1

Treatment of non-metalliferous mine and quarry products (excluding gas workers)	11	—
Makers of bricks, pottery and glass ...	473	26
Workers in chemical processes ...	121	3
Metal workers (not precious metals) ...	7,599	242
Workers in precious metals and plate ...	69	140
Electricians	424	36
Makers of watches, clocks and instruments	48	4
Workers in leather and skins (not boots) ...	197	44
Textile workers	5,749	9,863
Makers of textile goods and dress articles	551	1,884
Makers of foods, drinks and tobacco ...	656	297
Workers in wood and furniture ...	1,408	65
Makers of paper, bookbinders, printers, photographers	308	176
Builders, bricklayers, stone and slate workers	1,221	4
Painters	437	6
Workers in other materials	98	62
Workers in undefined materials ...	93	25
Employed in gas, water, and electricity works	219	2
Employed in transport and communication	2,745	112
Commerce, finance, and insurance (not clerks	2,969	1,234
Public administration and defence (excluding professional men and typists ...	746	115
Professional occupations (excluding clerks)	702	620
Employed in entertainment or sport ...	164	95
Employed in personal service (domestic servants, hotels, clubs)	724	2,700
Clerks and draughtsmen (not Civil or local auth.)	1,201	950
Warehousemen, packers	1,097	557
Drivers of stationary engines, etc. ...	442	—
Other (undefined) workers	1,971	99
Retired or not gainfully occupied ...	2,795	26,239

There appears to be a large proportion of skilled, as distinct from unskilled, workers engaged in the various Halifax trades, so that on the whole one would regard the working classes as better off than in some towns. Carefulness and thrift are common virtues of the Halifax people, with the result that the social conditions generally are good and there is comparatively little poverty. The houses are well-kept and clean. All these factors should help towards the healthiness of the people, but on the other hand the climatic conditions and perhaps some of the occupations enumerated above, tend to encourage catarrhal conditions and disorders of the respiratory system. Reliable statistics of occupational diseases are not available, and statements as to the effect of the climate on health must be made with a certain amount of reserve.

Poor Law Relief.

Figures relating to the extent of Poor Law Relief locally are not available to me, but the Clerk to the Guardians informs me that Halifax is one of, if not *the*, lowest in the West Riding of Yorkshire in the ratio of relief to population.

Vital Statistics.

Births.

Legitimate.	Males 697 ...	Females 646 ...	Total 1,343
Illegitimate.	Males 38 ...	Females 45 ...	Total 83
	Total Births	1,426.

Birthrate per 1,000 population	14.5
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Average 10 years, 1880-1889.....	29.3
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„ „ 1890-1899.....	24.2
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„ „ 1900-1909.....	20.0
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„ „ 1910-1919.....	15.9
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1920.....	18.9
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1921.....	17.6
-----------	------

1922.....	15.9
-----------	------

1923.....	15.2
-----------	------

1924.....	14.9
-----------	------

1925.....	14.5
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Deaths.

Males	829	...	Females	828	...	Total	1,657
Deathrate per	1,000	16.9
"	"	(Standardised)	15.9

Average 10 years,	1880-1889.....	21.0
"	" 1890-1899.....	18.6
"	" 1900-1909.....	15.3
"	" 1910-1919.....	15.6

1920.....	13.3
1921.....	13.5
1922.....	14.9
1923.....	13.8
1924.....	15.3
1925.....	15.9 (Standardised)

(The standardising figure was not available during recent years, but was applied to 1925).

Infant Mortality.

Deaths of infants under 1 year.....	133
Rate per 1,000 births.....	93
(Legitimate 93, Illegitimate 96).	

Average 10 years,	1880-1889.....	159
"	" 1890-1899.....	159
"	" 1900-1909.....	121
"	" 1910-1919.....	101

1920.....	96
1921.....	99
1922.....	110
1923.....	90
1924.....	96
1925.....	93

Maternal mortality and neo-natal deaths are discussed in the Maternity and Child Welfare Section, pages 64 to 70.

Year	Birthrate per 1,000 Total Population	Annual Deathrate per 1,000 Population								Rate per 1,000 Births	
		ALL CAUSES	Enteric Fever	Small-Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under two years)	TOTAL DEATHS under one year
England and Wales ...	18'3	12'2	0'01	0'00	0'13	0'03	0'15	0'07	0'32	8'4	75
105 County Boroughs and Great Towns including London ...	18'8	12'2	0'01	0'00	0'17	0'03	0'18	0'09	0'30	10'8	79
HALIFAX ...	17'6	13'5	0'09	0'00	0'09	0'00	0'03	0'05	0'07	10'7	99
1922	15'9	14'9	0'09	0'00	0'10	0'09	0'19	0'02	0'23	3'7	110
1923	15'2	13'8	0'01	0'00	0'05	0'01	0'00	0'02	0'30	7'2	90
1924	14'9	15'3	0'01	0'00	0'08	0'01	0'06	0'05	0'73	6'7	96
1925	14'5	15'9	0'04	0'00	0'18	0'01	0'10	0'09	0'40	4'2	93

(Provisional figures. Populations estimated to the middle of 1925 have been used for England and Wales, but to the middle of 1924 for the 105 towns. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards the group of towns.

Cancer.

The following Table shows the deathrate from malignant disease (cancer) in Halifax during the last 30 years. It is based on deaths certified as due to cancer, and the apparent increase may be perhaps partly accounted for by improved diagnosis in recent years. A real increase in the number of cases is natural, because people now live longer on the average than formerly, and therefore more people reach the ages at which cancer is common. With a falling birthrate and increased average longevity the population is changing, the proportion of elderly people in the community being greater than formerly; it is middle-aged and elderly people who are most liable to suffer from cancer, and therefore the cancer deathrate has been slowly increasing.

Year	Deathrate per 1,000 Population	Year	Deathrate per 1,000 Population
1896	1.1	1911	1.1
1897	.6	1912	1.1
1898	.6	1913	1.4
1899	.7	1914	1.3
1900	.7	1915	1.2
1901	.8	1916	1.2
1902	.8	1917	1.5
1903	1.0	1918	1.3
1904	.8	1919	1.5
1905	1.0	1920	.8
1906	.9	1921	1.4
1907	1.1	1922	1.4
1908	1.0	1923	1.4
1909	.8	1924	1.5
1910	1.0	1925	1.6

It may not be out of place to give here a few hints on cancer :—

1. There is always a chance that cancer can be cured if discovered early.
2. Do not get into a state of worry about cancer—if you suspect that you have it, go and ask your doctor to examine you to settle the question.

3. If your doctor says you have cancer do not waste time but submit to treatment at once.
4. Have nothing to do with people who advertise cancer-curing remedies ; they are only after your money ; cancer cannot be treated by post.
5. If you see or feel a small lump or nodule about your body which puzzles you, consult your doctor at once ; do not wait for pain, for cancer may not be painful in the early stages. This especially applies to lumps in the breast.
6. Persistent cracks or sores or small swellings about the lips, nose, cheeks or tongue, should be reported to the doctor at once.
7. Chronic indigestion may be due in some cases to cancer of the stomach.
8. Unusual discharges or bleedings from any of the openings of the body, especially after forty years of age, should be reported to the doctor at once. This especially applies to women.
9. Constant irritation such as may be caused by ill-fitting false teeth or by excessive smoking, should be remedied.
10. Mule-spinners and chimney sweeps should look out for the effects of constant irritation caused by oil or soot respectively, upon the thighs or lower parts of the body, and should consult a doctor when anything unusual is noticed.
11. Once more—Do not delay !

Summary of Deaths.

(Based on the Registrar General's "Short List" of causes of death).

Cause of Death	Number
Enteric Fever	5
Smallpox	—
Measles	20
Scarlet Fever	2
Whooping Cough	11
Diphtheria and Croup	10
Influenza	43
Erysipelas	1
Phthisis (Pulmonary Tuberculosis)	87
Tuberculous Meningitis	10
Other Tuberculous Diseases	20
Cancer, Malignant Disease	168
Rheumatic Fever	3
Meningitis	4
Organic Heart Disease	183
Bronchitis	138
Pneumonia (all forms)	118
Other Diseases Respiratory Organs	26
Diarrhoea and Enteritis (under 2 years)	6
Appendicitis and Typhlitis	11
Cirrhosis of Liver	9
Alcoholism	—
Nephritis and Brights Disease	52
Puerperal Fever	1
Other Accidents and Diseases of Pregnancy and Parturition	7
Congenital Debility and Malformation including Premature Birth	59
Violent Deaths (excluding suicide)	29
Suicide	22
*Other defined Diseases	475
Diseases ill-defined or unknown	2
Total	1,522

*The following classifications are included in the "Other Defined Diseases" group:—			
Diseases of Brain and Nervous System ... ..	...	...	143
" Circulatory System (not otherwise defined) ... ..	...	...	75
" Digestive System ( " " ) ... ..	...	...	38
" Urinary System ... ..	...	...	13
Old Age (not otherwise defined) ... ..	...	...	109
Cerebro Spinal Fever ... ..	...	...	1
Encephalitis Lethargica ... ..	...	...	1
Tetanus ... ..	...	...	1

General Provision of Health Services.

(Arranged as required by the Ministry.)

Hospitals provided or subsidised by the Corporation:—

Tuberculosis—The Sanatorium at Shelf provides accommodation for 25 early and 25 other cases. It is provided by the Halifax Corporation and receives cases from other districts, including Lancashire County and West Riding County.

The Health Committee has a call on 10 beds at the Bermerside Residential School, and they are filled by children in the pre-tubercular stage, or by children suffering from tuberculosis of a non-infectious character.

Maternity Hospital—For Corporation's arrangement with St. Luke's Maternity Home and Royal Halifax Infirmary, see page 64.

Hospital for Children—The Education Committee has an arrangement with the Royal Halifax Infirmary with reference to operations on tonsils and adenoids, and the Maternity and Child Welfare Committee an arrangement with the same Institution for the treatment of Ophthalmia Neonatorum.

Fever Hospital—The Corporation provides the Stoney Royd Fever Hospital which admits cases of Scarlet Fever, Diphtheria, Enteric and other fevers from Halifax, and from the areas of neighbouring Local Authorities. Accommodation for 52 cases.

Small Pox—The Halifax Corporation maintains the Small Pox Hospital at Belle Vue, Mount Tabor, which has accommodation for 36 patients. This hospital is subsidised by the Brighouse Joint Hospital Board and the Urban District Councils of Luddenden Foot, Midgley and Sowerby.

Venerreal Diseases.—The Corporation has an arrangement with the Royal Halifax Infirmary for both out-patient and in-patient treatment. See page 62.

AMBULANCE FACILITIES:—

(a) *For Infectious Cases—*

The Corporation's Motor Ambulance Service, worked from Stoney Royd Hospital, serves Halifax and the other districts from which cases are admitted to the hospital.

(b) *For non-Infectious and Accident Cases—*

(1) The Corporation's Motor Ambulance Service, worked by the Fire Brigade (Tel. 107).

(2) The Ambulance Service of the St. John Ambulance Brigade and British Red Cross Society.
Commandant—Mr. A. E. Rawbon (Tel. 1697).
Transport Officer—Mr. L. Chambers (Tel. 1831).

CLINICS AND TREATMENT CENTRES—

The following are all provided by the Halifax Corporation :
Maternity and Child Welfare Centres (3) see page 66.

Two centres are to be discontinued when the new premises in Northgate are opened.

School Clinic, Horton Street—

Medical Inspection—Two half-days per week.

Minor Ailments—Six half-days per week.

Dental—Treatment, six half-days per week. Inspection, one half-day per week.

Ophthalmic—Two half-days per week.

Remedial Exercises—Two half-days per week.

An Orthopaedic Clinic is in process of organisation.

Tuberculosis Dispensary, 8, Clare Road, see page 56.

Venereal Diseases Clinic, Royal Halifax Infirmary, see page 62.

Public Health Officers of the Corporation:—

These are set out in the introductory pages of the Report.

NURSING IN THE HOME—This is provided by :—

Halifax District Nursing Association.

Siddal Nursing Association.

Illingworth Nursing Association.

Luddenden Nursing Association.

General Nursing is not subsidised by the Local Authority.

MIDWIVES—See Maternity and Child Welfare Section, page

CHEMICAL WORK—All chemical analyses are performed by Mr. H. T. Lea, *M.Sc., the Borough Analyst. This work includes not only the analysis of samples taken under the Sale of Food and Drugs Acts (page 41), but also the examination of water from wells and other sources, which from time to time occupy the attention of the officers of the Health Department.

Legislation in Force.

List of Adoptive Acts, etc., Relating to Public Health in force in the District.

Public Health Acts Amendment Act, 1890.

Infectious Diseases (Prevention) Act, 1890.

A Local Act, 4 Geo. IV., cap XC.

Halifax Improvement Act, 1853.

Halifax Water and Gas Extension Act, 1876.

Halifax Corporation Acts, 1882, 1900, 1902, 1905, 1911, 1924.

Provisional Orders—Halifax Orders, 1851, 1881 and 1924.

Sanitary Circumstances.

Water.

Over 88 per cent. of the population of Halifax are supplied with water from the Corporation mains. Those who are not so supplied reside in rural or suburban portions of the Borough. Consideration has been given to the need for an extension of the town mains into some of the areas not now supplied, and it is anticipated that extensions will shortly take place. The town supply is in itself plentiful and good, being moorland surface water. It has the common defect of such waters in being liable to peaty discolouration and in being plumbo-solvent, but it is treated so as to correct the latter. Bacteriological and chemical tests are made frequently by the Borough Analyst to determine whether the purity of the water is being maintained, and the Water Engineer, the Borough Analyst and the Medical Officer of Health are frequently in consultation to discuss any matters which might have a bearing on the purity of the supplies. The property of plumbo-solvency is one that has to be borne in mind when dealing with private water supplies, as these supplies are not treated to

correct the fault, and the Department has from time to time to insist on the removal of lead pipes and the substitution of others ; in this respect the doctors who practise in the rural areas of the Borough are fully alive to the risks of lead poisoning, and in recent years several cases have been brought to the notice of the Health Department by the doctors concerned, as a result of which the necessary action has been taken and further danger obviated. One such case occurred at a rural inn, and by the end of the year the danger of further lead poisoning had been removed, and extensive drainage alterations had been entered upon so as to prevent organic pollution of the well, which, it was discovered, had also been occurring. 5 cases occurred during 1925 in which polluted water supplies were the source of action by the Health Department, and 34 in which insufficiency of supplies was alleged. 5 notices were served under the Halifax Corporation Act 1900, in regard to houses without a proper and sufficient water supply.

Rivers and Streams.

The Borough Engineer (Mr. Tipple) kindly supplies the following information :—

No known pollution of watercourses is taking place, as (excepting a few cesspools in outlying undrained districts) the whole of the sewerage of the town liable for treatment is passed through the Sewage Works.

Storm water overflows to main sewers are as permitted by the Ministry and are periodically cleansed, and carefully watched with regard to the volume released to streams.

Where cesspools exist, systematic inspection and emptying maintains them in a satisfactory condition, and no overflows to watercourses are permitted.

Drainage and Sewerage.

The Borough Engineer (Mr. Tipple) kindly supplies the following information :—

The sewerage and drainage of the Borough are generally in a satisfactory condition, and adequate to deal with the maximum sewage flow.

Extensions are taking place from time to time in the outer districts, and new sewers will be laid as required, to cope with the town's development, and to facilitate change over from the conservancy system to the water carriage system, under a scheme for conversion for which a Provisional Order is in force.

The sewage disposal works, with slight modifications, will, it is anticipated, be able to cope with the increased effluent due to the above causes for some considerable time to come.

Closet Accommodation.

The procedure adopted for carrying out the systematic conversion of the pail closets of the town to the water carriage system was described in the last Annual Report, and this work is now proceeding as a routine matter, shared in its details by several of the Corporation departments. Moreover, in spite of great pressure of work in the various departments concerned, the work is proceeding at a rate which must be considered satisfactory, and which will be increased in the current year. So far as the Health Department is concerned, the Sanitary Inspectors have paid no less than 2,850 visits during the year in furtherance of the scheme.

The number of closets converted under the Corporation's Conversion Scheme during the year was as follows :—

Converted voluntarily by owners but assisted by					
Grant	...	...	...	...	850
Converted compulsorily	...	...	...	...	391
Total (conversions completed)					1,241

The total number of closets converted since commencement of scheme is now 1,636.

The number of closets in the Borough as on December 31st, 1925, is as follows :—

Privy Middens (mostly in rural areas)	...	...	338
Water Closets	...	...	11,144
Pail Closets, where water supply and sewers are available for conversions	...	...	15,162
Pail Closets in rural areas without water supply or without sewers or both, approx.	...	...	2,000
			28,644

Scavenging.

The work of scavenging, refuse disposal, and emptying of the pail closets is not under the Health Department, but is under the Cleansing Superintendent. It is carried out in a satisfactory manner, though the emptying of the pail closets can never be free from nuisance ; the nuisance will disappear when the pail closets are converted, and this is now only a matter of a few years. The salvage plant for house refuse at Charlestown is now working.

Sanitary Inspection of the Area.

Mr. H. G. Clinch, the Chief Sanitary Inspector, has drawn up the following statement of the work of the Inspectors under the various Public Health, Housing, Sale of Food and Drugs, Rats, and Shops Acts, and the By-laws and Local Acts of the Halifax Corporation :—

Complaints.

1,001 visits were made during the year to investigate complaints made at the Health Department, and appropriate action was taken in every case.

Drainage.

A total of 2,183 visits were made by the Inspectors in connection with the testing of existing drainage, and the supervision of repairs and re-constructional work.

Public Conveniences.

Efforts have been made to improve this form of accommodation. Three insanitary urinals were demolished, two others were re-constructed, and at the end of the year a scheme for the erection of several new conveniences was under consideration by the Committee.

Sanitary Defects.

Details of sanitary defects remedied by owners or occupiers during the year, as a result of action by the Sanitary Inspectors :—

Choked yard drains cleared ...	...	...	25
„ gullies cleared ...	...	...	33
„ interceptors cleared ...	...	...	14
„ sewers cleared ...	...	...	5
„ sink waste pipes cleared ...	...	...	16
„ sink drains cleared ...	...	...	22
„ W.C. drains cleared ...	...	...	23
„ street gullies cleared... ..	...	...	18
Defective W.C. cisterns repaired ...	...	...	6
„ drainage relaid ...	...	...	84
„ fallpipe drains repaired ...	...	...	17
„ sink drains repaired ...	...	...	97
„ sink traps replaced ...	...	...	35
„ soilpipes repaired ...	...	...	6
„ connection of drain to sewer replaced	...	...	2
„ W.C. drains repaired ...	...	...	9
Sinks fitted with proper waste pipes...	...	...	27
Houses redrained ...	...	...	17
Insanitary W.C.'s replaced ...	...	...	24
Insanitary urinals replaced ...	...	...	3
Urinals screened ...	...	...	1

Doors of closets repaired	...	...	...	31
Doors of ash tub places repaired	...	...	...	67
Floors of ash tub places repaired	...	...	...	7
Walls and woodwork of ash tub places repaired	...	...	...	19
Dilapidated closets repaired or rebuilt	...	...	...	61
„ ash tub places repaired or rebuilt	...	...	...	47
Privies converted to Goux closets	...	...	...	39
„ „ to water closets	...	...	...	10
Dangerous walls repaired	...	...	...	5
Animals kept so as to be injurious to health :—				
Pigs	...	...	...	2
Cats	...	...	...	1
Dogs	...	...	...	1
Accumulation of manure removed	...	...	...	15
of rubbish removed	...	...	...	6
Dirty houses cleaned	...	...	...	5
„ yards	...	...	...	2
Overcrowded houses dealt with	...	...	...	5
Cellars illegally let as dwellings	...	...	...	2
Flooded cellars remedied	...	...	...	9
Defective water services repaired	...	...	...	5
Damp walls remedied	...	...	...	31
Polluted water supply to houses	...	...	...	5
Insufficient water supplies to houses	...	...	...	34
Wash boilers provided	...	...	...	4
House roofs repaired	...	...	...	77
„ troughings repaired	...	...	...	95
„ gutters	...	...	...	3
„ troughings cleared	...	...	...	5
Defective stairs repaired	...	...	...	7
„ wash boilers repaired	...	...	...	7
„ window frames repaired	...	...	...	29
„ walls and boarded round sinks	...	...	...	13
Balusters fixed	...	...	...	2
Sinks provided	...	...	...	12
Defective chimneys made good	...	...	...	17
„ fallpipes made good	...	...	...	75
„ cooking ranges made good	...	...	...	83
„ floors made good	...	...	...	8
„ flashings made good	...	...	...	3
„ flagging made good	...	...	...	13
„ plaster work made good	...	...	...	47
„ doors repaired	...	...	...	4
Additional ventilation provided	...	...	...	21

Statutory Notices served by authority of the Health Committee were as follows :—

Housing Acts.

Defective houses	...	...	...	...	50
Closing Order	...	...	...	...	1

Public Health Acts.

Black smoke	...	...	...	...	5
Houses so overcrowded as to be injurious to the health of the inmates...	...	...	...	...	1
Defective drainage	...	...	...	...	2
Dirty houses	...	...	...	...	1
Illegal letting of cellars as dwellings	...	...	...	...	1
Defective houses	...	...	...	...	5
Insufficient closet accommodation	...	...	...	...	4

Halifax Corporation Act 1900.

Houses without a proper and sufficient water supply	...	...	...	...	5
Insanitary closet accommodation	...	...	...	...	4

Public Health (Amendment) Act 1890.

Factories without suitable and sufficient sanitary accommodation	...	...	...	...	2
Total	...	...	...	...	71

Prosecutions during 1925.

Date	Act	Offence	Penalty or Decision
June 5th	Sale of Food & Drugs Acts	Selling Milk 25 % deficient in fat	£10 and £1/11/6 costs
„ 16th	Byelaws <i>re</i> Houses Let in Lodgings	Keeping dogs, cats, tame mice, so as to render a room unwholesome	10/-
„ 23rd & July 7th	Public Health Act, 1875 do do	Permitting the emission of black smoke on three dates	£15 and an order to abate
Oct. 20th	Public Health Act, 1875	Premises in such a state as to be injurious to health	£2 & £2/2/- costs. Order to abate in 21 days
„ 30th	Shops Acts	Failure to display notice for mixed business	£1
„ 30th	Shops Acts	Selling buns after Closing Hours	£1
Nov. 3rd	Sale of Food & Drugs Acts	Selling milk 25 % deficient in fat	Withdrawn

Factory and Workshops Act, 1901.

Workshops.

The number of workshops (excluding bakehouses) on the register at the end of 1925 was 538. This is 116 less than at the end of 1924, and these are mostly accounted for by the introduction of motive power having converted them into factories. 257 visits were made to workshops and 79 to factories, and the various conditions dealt with are set out in the Table. Workshops were somewhat neglected during the year in order to afford time for other work.

Nine notices under Section 5 of the Factory and Workshops Act 1901, were received from H.M. Factory Inspector, six being in respect of Factories and three of Workshops.

The following Table shows the various defective conditions remedied during the year :—

The administration of the Factory and Workshop Act 1901,
in connection with

FACTORIES, WORKSHOPS AND WORKPLACES.

1. Inspection of Factories, Workshops and Workplaces.

Premises (1)	Number of		
	Inspections (2)	Written Notices. Informal (3)	Occupiers Prosecuted (4)
Factories (including Factory Laundries)	79	3	—
Workshops (including Factory Laundries)	257	20	—
Workplaces (Other than Outworkers Premises)	—	—	—
Total ...	336	23	—

2. Defects found in Factories, Workshops and Workplaces.

Particulars (1)	Number of Defects			Number of offences in respect to which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts—				
Want of cleanliness ...	10	10	...	...
Want of ventilation ...	2	2	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other nuisances ...	2	2	...	...
Sanitary Accommodation:				
Insufficient, unsuitable, or defective ...	6	5	...	...
Not separate for sexes...	1	1	...	...
Offences under the Factory and Workshops Acts—				
Illegal occupation of underground bakehouse.. (S. 101)	2	2	...	...
Other offences ... (Excluding offences relating to out-work and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order 1921.)	...	...	...	...
Total ...	23	22	...	...

Bakehouses.

There are 102 bakehouses in the town. In connection with these, 454 visits were paid, and the following defective conditions were remedied :—

Choked drain ...	...	...	...	1
Limewashing overdue (not carried out within the statutory six months) ...	...	...	...	22
Dirty floors ...	...	...	...	1
Dirty staircase ...	...	...	...	1
Offensive condition of sink ...	...	...	...	1
Escape of smoke and acid gases from a stove...	...	...	...	1
Dirty storage of bread ...	...	...	...	1
Illegal occupation of cellars as bakehouses ...	...	...	...	3

Sanitary Condition of Places of Public Amusement and Refreshment.

All the Theatres, Cinema Theatres, Cafes and Restaurants, Dance Halls and Markets were inspected during the year, and were found to be generally in a satisfactory condition.

The following Table shows the number of visits made to various classes of public amusement and refreshment places in the Borough :—

Theatres	...	...	...	8
Cinema Theatres	...	...	...	22
Dance Halls	...	...	...	7
Cafes	...	...	...	33
Markets	...	...	...	15
Total				85

Mr. Clinch adds, "I am of opinion that direct powers should be given, in any future Public Health Bill, to enable Local Authorities to require suitable and sufficient accommodation in the way of sanitary conveniences for both sexes in connection with any place of public amusement, and any building used as offices or for public meetings, whether of a religious nature or otherwise, and further, to require that all such buildings be maintained at all times in a sanitary condition, particularly as regards lighting, ventilation, and the provision of sufficient cubic space for each occupant."

Dairies, Cowsheds and Milkshops.

There are 87 purveyors of Milk in the town, and a total of 157 visits have been made to their premises by the Sanitary Inspectors, and 342 visits to Cowsheds, these being in addition and supplementary to the work of the Veterinary Inspector described elsewhere.

It is pleasing to note that milk is stored under much more cleanly conditions than obtained a few years ago.

Manufacture and Sale of Ice Cream.

119 visits were made to the 112 premises used for the sale or manufacture of ice cream.

In two cases the premises were found to be unsatisfactory and the occupiers were warned to discontinue this part of their business.

With regard to itinerant vendors, the licensing authority, acting in conjunction with the Public Health Department, make the issue of a license contingent upon the receipt of a favourable report from the Sanitary

Inspector, as to the suitability of the vendor's premises for making and storing the commodity.

Smoke Prevention.

Mr. Clinch reports :—

I have endeavoured, by public lectures, classes for engineers and stokers, articles in the press, and by broadcasting, to stimulate interest in what I believe to be the greatest need of the present day, "A Clean Air and Unobstructed Sunlight."

Boiler Smoke.

182 observations of thirty minutes each have been taken of various factory chimneys, and as all the time available for this class of work has been devoted to those chimneys which are border line cases, the fact that in 27 cases, black smoke was found to be emitted in excess of "two minutes in thirty," need cause no surprise.

The average emission was 1.143 minutes in thirty.

The procedure of the three previous years has been followed, and I have made 135 visits to works in an endeavour to assist in a solution of the problem.

In six cases, reports were made to the Committee and Statutory Notices served upon the offending firms. In one case all efforts to secure an improvement failed, and the firm were prosecuted, when the Court imposed a penalty of £15, and made an order for abatement, which was obeyed.

This work is being pressed as time permits, and the Committee will shortly be requested to reduce the permissible limit.

Domestic Smoke.

I am pleased to report that progress is being made in connection with smokeless cooking and heating in private houses and business premises. Occupiers are encouraged to call at the Health Department, and are given unbiased advice and estimates of the cost of installation and running of the methods advised. This service, although not a duty of a Health Department, appears to be much appreciated, and is likely to develop.

Wherever practicable, I have made efforts to influence intending private builders to instal smokeless methods, and have invariably met with a sympathetic reception.

One builder is now constructing 56 houses on smokeless lines, the kitchens containing a coke burning

combination cooker and water heater, all bedrooms and parlours being fitted with gas fires, with the proviso that the purchasers can have the parlours fitted with coal fires if they so desire. The greatest difficulty in the past has been to substitute the coal fired kitchen range; this has now been overcome with complete satisfaction.

The Gas Department is encouraging occupiers by selling an excellent dry coke, specially suitable for domestic purposes, at 25s. per ton, with gas at 2s. per 1,000 cubic feet plus a fixed quarterly charge. The fact that there are now nearly 50,000 gas fired appliances in 27,000 houses is illuminating.

The Electricity Department is encouraging the use of domestic appliances, and is providing energy to manufacturers in ever increasing quantity.

It is interesting to note that the constant efforts to improve the condition of the air have failed to bring any hostile criticism, and there can be no doubt that the public are now ready to accept any practical remedy.

Shop Inspection, etc.

Mr. T. Fearnley is the Inspector under the Shops Acts 1912 to 1921, also under the Children's Byelaws, the Fabrics (Misdescription) Act, and the Rats and Mice (Destruction) Act 1919. His work is summarised below:—

Half-holiday Closing Visits	...	...	941
Assistants' Half-holiday Visits	...	...	635
Children's Bye-Law	„	...	794
Registration & Administrative Visits	...	...	828
Special	„	...	452
Fabrics (Misdescription) Act	„	...	273
Shops Early Closing	„	...	603
Rats and Mice (Destruction) Act Visits	...	...	516
Shops without Assistants Half-holiday Notice (Sec. 1)			46
Do. Young Persons'	„	(Sec. 2)	25
Do. Mixed Business	„	(Sec. 10)	521
Do. Half-holiday Closing Notice	(Sec. 4)		94
Do. Seats for Female Assistants	(Sec. 3)		7
Contravention of Mealtimes	(Sec. 1, Sub. 5)		10
Do. Assistants Half-holiday	(Sec. 1, Sub. 1)		27
Do. Half-holiday Closing	(Sec. 4)		276
Do. Early Closing Act or Orders	(Sec. 5)		200
Do. Young Persons' Hours	(1920 21 Act) (Sec. 2)		2
Warning Notices sent ...	...	...	35

Prosecutions.

At the Borough Court on October 30th, for being open at 9-40 p.m., and being without the Mixed Business Notices prescribed by the Grocers Order, a shopkeeper was fined £1 and a further £1 for selling buns at 9-45 p.m.

New Order.

The following Half-holiday and Early Closing Order, which applies to the Sale of Groceries and Provisions, became operative on the 1st May, 1925.

The Closing Hours are as follows :—

Monday	...	...	8 p.m.
Tuesday	...	...	8 p.m.
Wednesday	...	...	8 p.m.
Thursday	...	...	1 p.m. (Half-holiday).
Friday	...	...	8 p.m.
Saturday	...	...	9 p.m.

Saturday Half-holiday may be substituted for Thursday, and the Closing Hour on Thursday would then be 8 p.m. This Order is the largest now operative in the Borough, and shops which sell any groceries, whatsoever, are affected by it. These include Confectioners, Greengrocers, and other mixed businesses which have previously observed other days than Thursday for their weekly half-holiday.

Rats and Mice (Destruction) Act, 1919.

The results of local efforts are detailed below :—

Number of premises reported rat-infested during the year	...	...	...	...	...	102
Premises temporarily clear after rat week	...	...	...	...	...	28
Premises where numbers were reduced	...	...	...	...	...	55
Premises at present rat-infested	...	...	...	...	...	74
Visits paid to rat-infested premises for rat week	...	...	...	...	...	162
Visits paid to rat-infested premises during the year	...	...	...	...	...	516
Number of rat tails brought to the Health Department during the year	...	...	...	...	...	1,025
Number of rat tails brought to the Health Department during rat week...	...	...	...	...	...	94
Number of rats killed in addition to above	...	...	...	...	...	340

The period of infestation in many premises is very brief, often being confined to a few weeks in the Spring and Autumn. One noticeable fact is that about ten premises in the Borough are responsible for more than half the rat tails brought to the Health Department during the year, chiefly the results of trapping or those caught by cats and dogs.

Housing.

General Housing Conditions.

The general housing shortage is certainly not as acutely felt in Halifax as it is in many places. The measures taken by the Corporation and by private builders, including work undertaken or projected, may be reckoned as sufficient to meet the demand for good class small dwellings. The difficulty is to meet the demands for houses which can be let at a rent payable by the really poor people of the town without overcrowding, and this difficulty has not yet been solved. The population is decreasing, but the need for houses does not fall proportionately, because it is not the number of families that is falling, but the size of families.

Overcrowding.

Overcrowding exists in Halifax as presumably it always did, and probably always will, however many houses become available, because there are some people who prefer to live in conditions of overcrowding and indecency. It also exists in some cases because people who would like more accommodation either cannot get it or cannot afford to pay for it. But with an increase of building the unwelcome overcrowding is gradually being reduced, and the problem in Halifax does not appear to be acute.

Fitness of Houses.

The general standard of housing in Halifax is high, the majority of houses being of stone and the size of rooms large. There are very many houses actually back to back, and many others which are not "through" houses because they are built into steep hillsides. Moreover, the standard of house cleanliness is high, this being characteristic of the Halifax folk. There being a very large proportion of owner occupiers in this town (so rich in building societies), the property is on the whole kept in good repair. There has been a "tightening up" in the sanitary inspection in recent years, and a high standard of property condition is being attained. On the whole, the local landlords are good, and are usually willing to meet the requirements of the Health Department, and the proportion who have to be reported to the Health Committee for further action is not high.

Unhealthy Areas.

The only area in regard to which action is being taken is the Crossfields area, and the negotiations which took

place during 1925 culminated in September, when there was a Ministry of Health enquiry upon the scheme which had been submitted by the Corporation. Up to the end of the year the Minister's decision had not been received (though it was subsequently found to be favourable to the scheme). As the details of this matter are known to the public through the press, and to the Ministry through official papers, there is no necessity to deal with it here.

Houses Let in Lodgings (Furnished Rooms).

407 visits have been made to 206 "Furnished Rooms." Twenty-three structural defects have been remedied by owners, and three other insanitary conditions caused by the tenants have been remedied. In one case a tenant was found to be keeping tame mice, cats and kittens, and a large dog in a single room, used for living and sleeping by his wife and himself. As he declined to move the animals when warned so to do, proceedings were instituted and the Court fined him 10s.

The good effect of the long continuing daily penalty secured against an owner in 1922 is still felt, and these premises are now kept generally in a much better condition than formerly.

As the existing bye-laws only apply to rooms let at rents not exceeding 6s. a week, the Health Department is powerless to deal with numerous houses let at higher rentals, and a new code of bye-laws under the Housing Act, 1925, giving power to insist on a reasonable cubical capacity and the provision of proper cooking and washing arrangements in every room let separately as a dwelling, whatever its rental may be, is now under consideration.

Common Lodging Houses.

There are 10 Common Lodging Houses registered in the Borough. They are supervised by the police, but in view of the increasing number of smallpox cases notified throughout the country, they have received much more attention from the Health Department than formerly.

Tents, Vans and Sheds.

With the exception of the seasonal fairs held at the Victoria Ground, Gibbet Street, there are very few moveable dwellings in the town, and visits by gypsies are rare. 179 visits have been made to moveable dwellings, but no overcrowding, or other sanitary defects were discovered. Particular care was paid to this moveable population in view of the prevalence of smallpox in Yorkshire.

Housing Statistics for the year 1925.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b)...	319
(b) With State Assistance under the Housing Acts :—	
(i) By the Local Authority	196
(ii) By other bodies or persons	81

UNFIT DWELLING HOUSES.**1.—Inspection.**

1. Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) ...	1,264
2. Number of dwellinghouses which were inspected and recorded under the Housing (Inspection of District) Regulations 1910, or the Housing Consolidated Regulations 1925	264
3. Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
4. Number of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	668

2.—Remedy of defects without service of formal notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	613
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3.—Action under Statutory Powers.**A. Proceedings under Section 3 of the Housing Act 1925.**

1. Number of dwellinghouses in respect of which notices were served requiring repairs	50
---	----

2. Number of dwellinghouses which were rendered fit after service of formal notices—	
(a) by owners	32
(b) by Local Authority in default of owners	18
3. Number of dwellinghouses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	2
B. Proceedings under Public Health Acts.	
1. Number of dwellinghouses in respect of which notices were served requiring defects to be remedied...	5
2. Number of dwellinghouses in which defects were remedied after service of formal notices—	
(a) by owners	5
(b) by Local Authority in default of owners	Nil
C. Proceedings under Section 11, 14 and 15 of the Housing Act 1925.	
1. Number of representations made with a view to the making of Closing Orders	1
2. Number of dwellinghouses in respect of which closing Orders were made	1
3. Number of dwellinghouses in respect of which Closing Orders were determined, the dwellinghouses having been rendered fit	None
4. Number of dwellinghouses in respect of which Demolition Orders were made	None
5. Number of dwellinghouses demolished in pursuance of Demolition Orders	None

Inspection and Supervision of Food.

Milk Supply.

Action taken as to Tuberculous Milk and Tuberculous Cattle.

Mr. Pollard, the Veterinary Inspector, reports as follows :

37 samples of milk were submitted for examination for the presence of tubercle bacilli ; of these, many were taken direct from suspected cows, and 5 were reported as containing tubercle bacilli. No sample taken from a retailer from a source outside the Borough was reported as containing tubercle bacilli. This has not to be accepted as evidence of the freedom of these sources from tuberculosis, for as a result of visits paid to farms outside the Borough, two cases of advanced tuberculosis and one of tuberculosis of the udder were found. This emphasizes the need of inspection of milch cows in rural districts. True, the Tuberculosis Order 1925 makes it obligatory on all owners or persons in charge to report such suspicious cows, but experience has shown that this responsibility is not always carried out.

The Tuberculosis Order 1925 came into operation on September 1st ; since that date 20 cases were reported or found during the course of examination of the dairy cows within the Borough (of these four were not confirmed). 192 cattle were examined under the Order ; of these, four had tuberculosis of the udder. Five cases of tuberculosis of the udder were found prior to the re-introduction of the Order, making a total of 9 for the year.

Milk (Special Designations) Order, 1923.

No licenses for the sale of milk under special designations were in force during the year, but the Health Committee in December decided to recommend the issue of one license to produce and sell Grade A milk, but this license only came into force early in 1926.

Revocation of Registration.

3 retailers were requested to appear before the Health Committee to show cause why they should not be refused registration or crossed off the Register. In each case the procedure resulted in the Committee's requirements being met.

Summary of Bacteriological Examination of Samples.

Apart from the investigations for the presence of tubercle bacilli described above, the following table shows the results of the bacteriological examination of 14 samples of milk, as regards general cleanliness. Some of these were up to the bacteriological standard of Grade A milk. (Grade A milk must not contain more than 200,000 bacteria per c.c., and coliform bacilli must be absent from one hundredth of a c.c.)

	Number of Bacteria per c.c.	Presence of Coli Bacilli detected in:—
1	27.000	1/100 c.c.
2	11.000	—
3	530.000	1/1000 c.c.
4	90.000	1/100 c.c.
5	760.000	1/10000 c.c.
6	84.000	1/100 c.c.
7	34.000	1/10 c.c.
8	24.000	1. c.c.
9	350.000	1. c.c.
10	430.000	1. c.c.
11	56.000	1/10 c.c.
12	41.000	1/10 c.c.
13	177.666	1/1000 c.c.
14	20.366	1/10 c.c.

Regarding the production of clean milk generally, Mr. Pollard, the Veterinary Inspector, was very active during the year, and reports as follows:—

Following up the effort of the previous year to improve conditions in the production of milk, a meeting was arranged with the dairy farmers and retailers, when a lantern lecture was given by Mr. E. J. Burdred, M.C., M.R.C.V.S., when special attention was directed towards the sterilisation of utensils, applicable to the small producer and local conditions. There was a good attendance, and in the discussion the lecturer was able to assure his audience that the improvements he advocated were practicable for tenant farmers who depended on the production of milk for a living.

As in the parable of old the seed fell on various kinds of ground, but I am able to state that some

definite—yet strictly limited—improvements have been noticed, as evidenced by the bacterial examinations of samples of milk taken during the year, as set out above.

Progress in reform is slow, so that acknowledgment is due and given whole-heartedly to those who have responded so willingly.

While there appears to be a demand for milk supplied in bottles, it is time the public realised that the mere bottling of milk does not carry with it any assurance of special care in collection or freedom of disease, unless the bottle bears the seal granted under the Milk (Special Designations) Order.

A few tests were made during the year for visible dirt, but most of them passed that test satisfactorily. The bacterial count test is an invaluable aid to improvement. The reports of bacterial examinations have taught me that one cannot always trust one's own eyes as to conditions on farms. For example, cows and milking stools may be clean, while there may be a flaw in the dairy methods due to the lack of the use of boiling water—the greatest trouble on the farm. I am certain we cannot look forward to real progress until each farm has a suitable dairy—not necessarily an expensive one—a good water supply and some facilities for sterilising utensils by steam.

Meat Inspection.

Public Abattoir. The reconstruction of the public abattoir is eagerly awaited, preliminary work being already in hand.

Private Slaughterhouses.

Registered	...	5
Licensed	...	—
		—
		5

No change during the year.

The approximate number of animals slaughtered therein during the year is as follows :—

Cattle.	Calves.	Sheep and Lambs.	Pigs.
266	15	624	234

Meat Inspection, etc.

Mr. Pollard, the Veterinary Inspector, submits the following details of the work of inspection of meat and other foods :—

The following Table shows the number of visits paid to the slaughterhouses, butchers' shops, markets, etc. :—

Description of Premises			Number of Visits
Public Slaughterhouses	...	...	1079
Private Slaughterhouses	...	...	46
Borough Market	...	...	271
Wholesale Market	...	...	257
Fasting Sheds...	...	...	147
Potted Meat Houses	...	...	55
Tripe Boiling Houses	...	...	34
Butchers' Shops	...	...	1564
Cowsheds	...	...	414
Dairies	...	...	24
Other Visits	...	...	113
Total			4,004

The following Table shows the number of animals slaughtered during the year, the number condemned, and the total weight of the same :—

	Cattle.	Calves.	Sheep and Lambs.	Pigs.	Offals.	Total.
Number of Animals } slaughtered }					lbs.	
Do. condemned..	31	10	7	52	...	100
Number Condemned } on account of } Tuberculosis ... }	25	1	...	24	4849	50
Weight of those } condemned in lbs }	12800	542	295	3297	7516	24450

The following Table shows the total weight of meat and offals destroyed on account of tuberculosis, and from other causes :—

Total Amount of Meat Destroyed	lbs. 25046
Total Amount of Offals Destroyed	7516
Total Amount of Meat Destroyed on account of Tuberculosis	19338
Total Amount of Offals Destroyed on account of Tuberculosis	4849
Total Amount of Meat Destroyed from other causes	5708
Total Amount of Offals Destroyed from other causes	2667
Total Meat and Offals Destroyed ...	32562

By a coincidence another case of tuberculosis in the sheep was found during the year. In this case the disease was localised to an area of the peritoneum.

Condemned meat is dealt with by the Cleansing Department of the Corporation, being removed to the Charles-town Depot and sterilised by heat.

Kinds of Food Destroyed	Quantity in lbs.
31 Carcases of Beef	12800
Beef not in Carcase	2935
10 Carcases of Veal	542
7 Carcases of Mutton and Lamb	295
Mutton other than Carcases	95
55 Carcases of Pork	3297
Pork not in Carcase	442
104 Rabbits	205
Fish	363
Fruit and Vegetables	450
Canned Provisions	203
7 Pigeons	4
60 Eggs... ..	4
Total Weight ...	21635

In 2 cases a Justices' Order had to be obtained, but in all the rest the articles were surrendered.

Public Health (Meat) Regulations 1924.

These Regulations came officially into operation on April 1st, 1925, but were not generally regarded as operative until later. The Medical Officer of Health and the Veterinary Inspector attended a Conference at Leeds called by the West Riding County Council, by arrangement with the Ministry of Health, when one of the Ministry's Medical Officers attended to interpret the Regulations.

Later, the Health Committee, by request, received representatives of the Halifax Grocers' Association and the Halifax Butchers' Association. The regulations were taken consecutively, and the Chairman explained the views of the Committee as to the interpretation which had been put upon them. Subsequently, by request, the Medical Officer of Health addressed a meeting of the meat traders and butchers on their responsibilities under the new regulations. About the same time a great deal of press publicity was given to the regulations, and to the need for greater cleanliness in the handling and transport of meat.

Mr. Pollard, the Veterinary Inspector, gives the following account as to the way in which the regulations have been met locally :—

Slaughtering. Notices were sent by the Town Clerk to the owners of private slaughterhouses informing them of their obligations under the Regulations, but it has taken some time to convince the owners that it is an offence to slaughter animals without giving the prescribed notice, which included a specified time. In practice the giving of notice has not always proved satisfactory. For example, notice can be given by means of a letter on Saturday of intention to slaughter on Sunday. If that letter is posted during the Saturday morning, it is not likely to receive attention until the Monday morning. Thus, according to the Regulations, the meat and offal could be removed any time after 7 a.m. on the Monday. I have received verbal notice at 9 p.m. on a Saturday of intention to slaughter the following day, Sunday. It has been difficult to arrange inspection of carcasses at the private slaughterhouses, as the owners have desired to slaughter on days when the pressure of work at the abattoirs has been at its height.

Handling and Carrying. The Regulations relating to the handling of meat are faithfully carried out by a few (the multiple shop firms have given a good lead) but generally indifferently, lacking the spirit. There are some anomalies in the Regulations.

Carrying of Meat (Vehicles). The Regulations have made a great improvement in this respect. While the

regular and old-established carrier (vehicles) maintained some standard of cleanliness, it was a great surprise to me when advising those concerned of the Regulations, to note the various provisions for this purpose.

Without any desire of creating a monopoly, I have often thought it would have been advisable that meat carriers (vehicles) should be subject to license.

Shops, Stores, etc. Attempts to prevent contamination of meat by flies have not been uniformly persistent, and some shop-keepers have proved indifferent. Difficulties exist in the case of mixed businesses.

Sale of Food and Drugs Acts, 1875 to 1907.

The Sale of Milk Regulations 1901.

The Public Health (Milk and Cream) Regulations 1912 and 1917.

The Sale of Milk Regulations 1912.

The Public Health (Condensed Milk) Regulations 1923.

The Public Health (Dried Milk) Regulations 1923.

Fertilisers and Feeding Stuffs Act 1906.

The work under the above powers is carried out in the following way: Mr. J. G. Walshaw, who is appointed Inspector under the Sale of Food and Drugs Acts, is responsible, under the supervision of the M.O.H., for the collection of samples, and this is done either by him personally or by an agent. The samples are then submitted to the Borough Analyst, Mr. H. T. Lea, M.Sc., F.I.C., who performs the chemical examination and presents a report. In the event of samples being found unsatisfactory, the report is submitted to the Health Committee, who decide whether to prosecute or whether to adopt other methods of dealing with the case.

Milk Samples.

The milk supplied in the Borough during the year has averaged 3.62% fat and 8.96% non-fatty solids, the standard under the Sale of Milk Regulations 1901, being not less than 3% fat and 8.5% non-fatty solids.

There are about 150 retailers delivering milk in the Borough.

Samples taken on Sundays were all genuine. Out of 162 samples, nine were found to be adulterated, but in seven the deficiencies were not sufficiently large to warrant proceedings being instituted, and the vendors were warned by letters from the Committee. There have been two prosecutions, one defendant being fined £11 11s. 6d., but in the second case the proceedings were withdrawn on technical grounds.

The following Table gives particulars of the various samples taken :—

Article	Number of Samples Procured			Number not Genuine			Number of Prosecutions	Amount of Fines imposed
	Formal	Informal	Total	Formal	Informal	Total		
New Milk ...	162	0	162	9	0	9	2	£10 and £11/11/6 costs
Condensed Milk ...	0	6	6	0	1	1	0	
Cream ...	1	11	12	0	1	1	0	
Lard ...	0	8	8	0	0	0	0	
Butter ...	0	4	4	0	0	0	0	
Jam ...	6	7	13	1	1	2	0	
Scotch Whisky...	0	4	4	0	0	0	0	
Ground Ginger...	0	8	8	0	0	0	0	
Lemon Cheese ...	0	3	3	0	0	0	0	
Baking Powder ...	0	9	9	0	0	0	0	
Malt Vinegar ...	0	8	8	0	0	0	0	
Borax ...	0	12	12	0	1	1	0	
Beef Suet (Shredded)	0	2	2	0	0	0	0	
Margarine ...	0	6	6	0	0	0	0	
Rice ...	0	5	5	0	0	0	0	
Peppercorn ...	0	6	6	0	0	0	0	
Apples (American Jonathan) ...	0	1	1	0	1	1	0	
	169	100	269	10	5	15	2	£11 11s. 6d.

**Report of Administration in connection with the Public Health
(Milk and Cream) Regulations 1912 and 1917, during the
year ended 31st December, 1925.**

1.—Milk and Cream not sold as Preserved Cream.

	(a) No. of Samples examined for the presence of a preservative	(b) No. in which preservative was reported to be present, and percentage of preservative found in each sample
Milk	160	Nil
Cream	12	1

2.—Cream sold as Preserved Cream.

- (a) Instances in which samples have been sub-
mitted for analysis to ascertain if the statements
on the label as to preservatives were correct I I
(1) Correct statements made... .. I I
(2) Statements incorrect Nil

Percentage of preservative found in each sample				Percentage stated on Statutory Label
No. of Sample...	113	0.34		0.4
" ...	121	0.32		
" ...	122	0.23		
" ...	123	0.32		
" ...	124	0.28		
" ...	148	0.4		
" ...	149	0.3		
" ...	150	0.3		
" ...	152	0.3		

(b) Determination made of Milk-Fat in cream sold
as preserved cream :—

- (1) Above 35 per cent. I I
(2) Below 35 per cent.—I not sold as preserved
cream.

- (c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed 1
- (d) Particulars of each case in which the Regulations have not been complied with, and action taken
 Sample above was informal ; a formal sample taken was free from preservative.

3.—Thickening substance—None detected.

Condensed Milk Regulations 1923.

Public Health (Dried Milk) Regulations 1923.

Six samples of condensed milk were taken.

One, an informal sample, was found to be deficient in fat, and the nett weight of milk was insufficient to make up the equivalent of two pints of milk as declared on the label. The vendor was warned.

Borax.

All samples taken from chemists were genuine, but one from a grocer contained an excessive amount of arsenic ; the vendor was interviewed by the Medical Officer of Health and cautioned.

Jams.

An informal sample of jam was found to contain salicylic acid, and a formal sample from the same source also contained the same. Seven samples of jam labelled Strawberry and Apple, Raspberry and Apple, were found to contain at least 90% of apple, and in one sample not more than 20 raspberry seeds were found in a one pound jar. The jams were genuine and no action could be taken under the Sale of Food and Drugs Acts.

Apples.

In a pound of Jonathan apples purchased, one apple had arsenic on the skin near the stalk, but no arsenic had penetrated the skin ; further samples were being taken at the end of the year.

Borough Analyst's Commentary.

Mr. H. T. Lea, M.Sc., F.I.C., the Borough Analyst, has been good enough to supply the following brief commentary on the results of the analyses :—

The 162 samples of milk examined during the year had an average fat content of 3.62%, and an average non-fatty solids content of 8.96%. The standard reached is excellent and compares very favourably with all districts in England.* Taking into account the above averages (calculated on all samples taken) and the low Government standard of 3% fat and 8.5% non-fatty solids, it seems to me to be a regrettable fact that your Committee allow the standard to fall to 2.85% fat and 8.07% of non-fatty solids before they will institute proceedings. It encourages milk producers to tone their milk.

Six samples of Paregoric were examined during the year and five were of satisfactory quality. The sixth sample contained no opium, and was reported as unsatisfactory. The sample in question was marked in typewritten characters 'Paregoric without Opium.' In my opinion the label should have not included the name Paregoric at all, but should have been labelled 'Compound Spirit of Camphor,' a recognised preparation contained in The British Pharmaceutical Codex.

13 samples of Mixed Fruit Jam were examined, and as expected, found to contain a very large proportion of the cheaper fruit. Under the existing Act no proceedings could be taken, though should such concoctions be placed on the market next year when the new Preservative Regulations come into force, two of the samples would be condemned on account of their salicylic acid content.

[*Mr Lea's remarks apply to the composition, or what in general terms may be called the richness of the milk; he is not concerned with cleanliness or freedom from contamination, for particulars of which the Veterinary Inspector's report should be consulted.]

Prevalence of, and Control over, Infectious Diseases.

Notifiable Diseases during the year.

DISEASE	AGE PERIODS													Cases admitted to Hospitals
	Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-65	65 and upwards		Total
Typhoid Fever	—	—	—	—	—	—	—	1	2	—	—	1	—	4
Deaths ...	—	—	—	—	—	—	—	1	2	—	—	2	—	5
Scarlet Fever	—	—	7	10	28	131	60	15	21	4	—	—	—	276
Deaths ...	—	—	—	—	1	1	—	—	—	—	—	—	—	2
Diphtheria ...	—	3	1	8	10	26	9	5	6	3	—	3	—	74
Deaths ...	—	2	—	5	1	—	2	—	—	—	—	—	—	10
Puerperal Fever	—	—	—	—	—	—	—	—	4	—	—	—	—	4
Deaths ...	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Erysipelas ...	1	1	—	—	—	—	—	2	5	8	14	1	7	38
Deaths ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum	5	—	—	—	—	—	—	—	—	—	—	—	—	5
Deaths ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	2	1	—	—	—	3
Deaths ...	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Cerebro Spinal Fever	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Deaths ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Pneumonia—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenzal ...	—	—	—	—	—	—	—	1	4	4	4	3	—	12
Deaths ...	—	—	—	—	—	—	—	—	6	5	5	7	4	22
Primary ...	3	1	—	1	2	4	4	5	8	4	4	8	1	41
Deaths ...	2	—	1	—	1	2	1	2	10	7	7	17	9	52
Tuberculosis—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory	—	1	—	—	—	3	4	16	36	12	12	22	3	97
Deaths ...	1	1	—	—	—	1	1	16	29	10	10	26	2	87
Other Forms	1	3	2	3	3	11	21	8	6	7	7	2	—	67
Deaths ...	1	5	1	2	—	3	2	6	5	2	2	1	2	30
Total Notification	10	9	10	22	43	176	98	53	94	43	43	53	11	622
Total Deaths	4	8	2	7	3	8	6	25	54	24	24	54	17	212

For notes on these figures see following pages.

Enteric Fever (Typhoid).

Although five deaths among Halifax persons from typhoid fever are recorded, only three are of interest, the other two cases being Halifax persons who contracted the disease away from Halifax and died away. There were in Halifax four notified cases of typhoid of which three died and in regard to one of these the diagnosis was not free from doubt. The remaining three cases appeared to have nothing in common, and no source of infection was found.

Smallpox.

No case of smallpox was notified during the year, but the Smallpox Hospital was opened for the reception of cases from other districts (see later). No vaccinations were performed by the Medical Officer of Health under the Regulations of 1917.

Scarlet Fever.

After two years in which scarlet fever was small in amount, the year 1925 showed a great increase, there being 276 notifications with 2 deaths. The cases were spread fairly evenly over the period February to November except that in July the numbers showed a sharp rise. Energetic measures were taken by the Health Department and by the School Medical staff to trace "missed" cases and to supervise contacts, and it is felt that but for this work there would have been something in the nature of an epidemic, for the disease seemed to be of a more highly infectious character than in previous years, and to give rise to more complications in its course. In several cases complications (running nose, discharging ears) did not commence until some time after return home from hospital, so that with a renewal of infectivity "return" cases resulted, to the annoyance of everyone concerned. It should be said that not all the 276 cases proved to be true scarlet fever; there was German Measles about, and some of the cases of this disease proved puzzling, and were sent to hospital as cases of scarlet fever, having to be put into separate isolation wards. In dealing with the outbreaks of scarlet fever the tests known as the Dick tests were not used, nor was any attempt at immunisation made, but the new scarlet fever Streptococcus Antitoxin was used for treatment at the Fever Hospital, with satisfactory results.

Diphtheria.

This disease was more common than it had been for some years, there being 74 notifications, with no less than

10 deaths. As usual, a certain proportion of the notified cases proved after admission to hospital not to be suffering from true diphtheria ; some, indeed, were sent in as doubtful cases for observation, this being a wise course in view of the deceptive nature of the disease.

Of the 10 fatal cases, one, which died at home, was not notified to the Medical Officer until after death. Of the other nine, five died within 24 hours of admission to hospital, being too far advanced for antitoxin to be of use.

Attention is drawn to the need for **IMMEDIATE** medical advice in ailments of children, and especially when there is anything wrong with the throat, or when breathing is difficult. Diphtheria is a disease which comes on with very slight symptoms, and the patients are always more seriously ill than they seem to the inexperienced. The antitoxin treatment of Diphtheria, which is of such remarkable value when applied early, is of little use when several days have been wasted in the hope that domestic remedies may cure. Parents should keep diphtheria always in mind and send for the doctor early when a child is poorly.

The Health Department is particularly active in its efforts to limit the spread of this terrible disease, and the co-operation of the School Medical staff is prompt and efficient. The school doctor, or one of his nurses, visits the school in which a case has occurred and endeavours to trace any child who has been ill, or who appears to be suffering from illness of nose or throat resembling diphtheria. Suspected children are excluded until clinical or bacteriological evidence of safety is obtained. In this way a great deal is done to minimise the risks associated with school attendance.

There seemed to be no indication for the use of the Schick test nor for individual immunisation, and it was not thought worth while to institute any campaign in favour of wholesale immunisation against diphtheria in a community which will not take the trouble to protect itself against smallpox by vaccination.

Puerperal Fever.

Four cases of this disease were notified ; there was one death. One case was treated at home, one at St. Luke's Hospital, and two at the Infirmary.

Ophthalmia Neonatorum.

This is an inflammatory condition of the eyes of new-born children, and if neglected is a cause of blindness.

The following Table classifies the notified cases :—

Cases.			Vision Unimpaired	Vision Impaired	Total Blindness	Death
Notified	Treated.					
	At Home	In Hospital				
5	2	3	4	*1	—	—

* 1 eye corneal ulcer, other eye unimpaired.

On receipt of a notification of this disease, an immediate visit is paid by a Health Visitor to make sure that the parents are able to have the doctor's orders promptly carried out, and usually arrangements are made for the district nurses to visit as often as necessary to bathe the eyes in an efficient manner. In this illness the treatment is simple, but needs to be carried out skilfully and frequently, and a few days neglect may mean ultimate loss of sight. In order that every case may have an opportunity of the best treatment, the Corporation has entered into an agreement with the Royal Halifax Infirmary by which the Infirmary will admit any case of ophthalmia neonatorum from the Borough into the wards, and the Corporation will be responsible for the cost. Not only so, but the mother of the infant will also be admitted to the wards under the scheme ; the advantage of this is a double one, for it enables breast feeding to be continued, and also ensures that the mother may be cured of the condition existing in her which caused the eyes of the child to be infected.

In many instances ophthalmia neonatorum is a result of venereal disease in the mother ; the importance of securing treatment of the mother is therefore obvious.

Encephalitis Lethargica.

Three cases were notified. Of these one proved not to be suffering from the disease. Of the other two, one died, and the other recovered completely ; one of the cases was treated at the Infirmary, one at St. Luke's, none at Stoney Royd.

Cerebro-Spinal Fever.

Only one case was notified ; this was a child aged 8 years, admitted to the Infirmary from a crowded dwelling ; death ensued on the fourth day of the disease, the diagnosis being made on clinical grounds only. The source of infection was not traced.

Pneumonia.

Primary pneumonia and influenzal pneumonia were responsible for fewer deaths than in the previous year. It will be noticed from the Table, that there were, as in previous years, many fatal cases which were never notified during life, pointing to neglect of notification. Pneumonia which is secondary to measles and whooping-cough, is not included within these categories and is not notifiable.

Five Years' Period.

The following Table shows the variations which have occurred in the five years 1921-25 :—

Disease	Notifications				
	1921	1922	1923	1924	1925
Smallpox ... ..	...	...	...	...	...
Typhus Fever ... ..	...	...	...	...	...
Enteric Fever	3	3	5	10	4
Scarlet Fever	347	268	131	108	276
Continued Fever ... ..	...	...	...	...	...
Puerperal Fever ... ..	...	1	2	3	4
Relapsing Fever ... ..	...	...	...	...	...
Diphtheria	104	58	44	38	74
Erysipelas... ..	16	25	19	25	38
Ophthalmia Neonatorum...	12	10	13	9	5
Cerebro-Spinal Fever ...	1	2	3	...	1
Polio Encephalitis	1	...	...	...	...
Encephalitis Lethargica...	5	...	...	11	3
Pneumonia—Influenzal ...	5	10	8	44	12
Primary	16	22	17	45	41
Tuberculosis—Respiratory	99	101	96	73	97
Other Forms	19	36	31	30	67

Non-Notifiable Infectious Diseases.

Measles.

As mentioned in the last Annual Report, a very serious outbreak of measles occurred at the end of 1924 and early 1925, and this was responsible for no less than 20 deaths in 1925, compared with 8 in 1924, and 5 in 1923. In addition to the death-roll, there must have been, in the usual course of events, much debility and respiratory dis-

ease following such an outbreak. The School Doctor notified an increased prevalence of catarrhal conditions of the respiratory tract during the year, and I have no doubt that some of this increase was a result of measles. During the outbreak the Health Visitors paid house-to-house visits in certain areas, leaving pamphlets containing advice to parents, and endeavouring to make sure that adequate medical and nursing assistance was provided for the little sufferers. Large numbers of the pamphlets were distributed by way of the schools, and the School Doctor and his nurses did what they could to limit the outbreak so far as the schools were concerned. There were no deaths directly due to measles after the end of February.

German Measles.

This illness was much more common than usual, especially towards the end of the year, and adults as well as children were attacked, but no serious consequences were heard of, this illness being a very mild one as a rule.

Whooping Cough.

This illness was prevalent and was responsible for eleven deaths scattered through the year, compared with 6 in 1924 and none in 1923. As with measles the ill effects of this illness are not limited to those shown on the death returns, there being debility and respiratory weakness following in many cases. It is therefore most important that children suffering from whooping cough should be placed under the care of a medical practitioner without delay. A vaccine can be used for the treatment of whooping cough, and although universal success has not attended its use, many medical men have been well satisfied with the results, the period of disease having been shortened.

Mumps.

Mumps was fairly common in March and April.

Five Years Period, non-notifiable infectious diseases.

Measles, Whooping Cough, German Measles, Mumps, and Chickenpox are not notifiable in the ordinary way, and it is therefore impossible to say how many cases occur. But their relative prevalence is made known to the Health Department by reports sent in by head-teachers to the Education Offices, a system of interchange of information being kept up. It is, perhaps, too much to expect that every case of these illnesses among school children should

be reported in this way, but the administrative machinery was revised during 1925, and thanks to the co-operation of the Secretary of the Education Committee and the teachers, prompt news is received at the School Clinic and at the Health Department when schools are invaded.

The following Table sets out the deaths from measles and whooping cough during the five years 1896-1900, and the five years 1921-1925. It must always be borne in mind that the number of deaths registered does not indicate the true frightfulness of these illnesses, for many deaths registered as broncho-pneumonia are due to them, while even tuberculosis may gain its hold over a victim weakened by measles or whooping cough.

	No. of Deaths					
	Annual Average 1896-1900	1921	1922	1923	1924	1925
Measles ...	39	1	11	5	8	20
Whooping Cough...	22	4	20	—	6	11

Influenza.

True influenza in a serious form does not appear to have visited the town during 1925.

The following Table shows deaths from (a) influenza, (b) influenzal pneumonia during the five years 1921-25, and though a high deathrate from other registered causes probably occurs along with an influenza outbreak, the Table is probably sufficient to show the relative prevalence of influenza during the years.

	No. of Deaths				
	1921	1922	1923	1924	1925
Influenza	8	24	30	73	43
Influenzal Pneumonia ...	4	10	13	46	22

The Fever Hospital, Stoney Royd.

Following the death of Miss Robison on July 4th, the duties of Matron were ably performed by Sister Baker, until the newly appointed Matron (Miss F. Wilson, from the Liverpool Corporation Hospitals) took up her post on October 6th.

Owing to the increased amount of infectious disease the Hospital had a busier period than it had had for a few years, and at times the accommodation was heavily taxed.

The policy of calling in surgeons for specialists' operations, such as mastoid operations, was again pursued during the year when necessary. Your own Medical Officer, however, performed the operation of tracheotomy when required.

Owing to increasing age of the buildings, repairs of an urgent nature were necessary from time to time, and the upkeep of the Hospital proved considerably more expensive than was anticipated when the year's estimates were prepared. It is satisfactory to record that the question of the future of the Hospital received, and continues to receive, careful attention from the Hospital and Health Services Sub-Committee.

The following Table shows the number of patients admitted to the Hospital during the year. Owing to calls on the beds it was impossible to accept as many cases as usual from the Local Authorities of areas adjacent to the Borough.

DISEASE	Halifax	Stainland U.D.C.	Greetland U.D.C.	Sowerby Bridge U.D.C.	Barracks	Total
Enteric Fever ...	3	—	—	—	—	3
Scarlet Fever ...	217	2	1	—	9	229
Diphtheria ...	66	2	—	2	—	70
Other Diseases (including observation cases) ...	6	—	—	—	—	6
TOTALS ...	292	4	1	2	9	308

Smallpox Hospital, Mount Tabor.

Although no case of smallpox was notified from the Borough, it became necessary on October 26th to open the Smallpox Hospital to receive two cases from the area of the Brighthouse Joint Hospital Board, under an agreement by which the Corporation has to provide accommodation, medical attention and nursing, for patients from that area. The Hospital had been empty for years, but there was a resident caretaker, and all emergency arrangements had been planned beforehand, so that when the call came the response was immediate, and in about two hours from confirmation of diagnosis the patients were admitted to warm wards, aired beds, with nurses from Stoney Royd in attendance, and food supplies for some days in the place. In December three other patients from other parts of the same area were admitted. All the cases were mild, and recovered satisfactorily, the Hospital being finally demobilised about the end of January. Owing to the exposed situation of the Hospital and the very foul weather, many difficulties had to be overcome, and as the buildings are made of wood and corrugated iron, their unsuitability for such a site became only too apparent during the period of occupation. Although they had been kept in a good state of repair during recent years while empty, defects developed when in use and repairs had to be carried out by a workman who was specially vaccinated for this service.

Except for those recently vaccinated, all who had anything to do with the Smallpox Hospital were re-vaccinated, as were most of the Health Department staff and their families, and the staff of Stoney Royd Hospital. No spread of infection from the Hospital occurred.

All the five patients were, of course, unvaccinated persons.

Disinfection.

The steam disinfecter is situated at the Borough Fever Hospital, Stoney Royd, and 10,126 articles of bedding clothing, etc., were disinfected during the year. Also 252 library and other books were disinfected in a special apparatus which is provided for that purpose. 384 rooms in private houses were disinfected.

Cleansing Station.

This is at the Stoney Royd Hospital. 21 children were treated during the year, these being sent by the Education Committee, mostly suffering from scabies.

Tuberculosis.

TUBERCULOSIS DEATH-RATE.			
PERIOD		Respiratory only	All Forms
10 years average 1916-25 ...		'87	1'13
1925		'83	1'12

The following Table shows the ages of the cases at the time of notification and at death :—

AGE PERIOD		TUBERCULOSIS							
		*NEW CASES				DEATHS			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
Under 1 year	...	1	—	1	—	1	—	1	—
1 to 5 years	...	1	1	9	5	—	1	6	2
5 to 10 „	...	2	1	7	5	1	—	1	2
10 to 15 „	...	2	2	13	8	—	1	2	—
15 to 20 „	...	9	9	3	6	9	7	5	2
20 to 25 „	...	10	9	—	1	9	6	1	—
25 to 35 „	...	13	7	2	3	7	7	—	2
35 to 45 „	...	10	3	3	5	6	4	—	3
45 to 55 „	...	8	5	1	1	6	8	—	—
55 to 65 „	...	7	5	—	—	6	6	1	—
65 and upwards	...	3	1	2	—	2	—	2	—
TOTALS	...	66	43	41	34	47	40	19	11

*Includes primary notifications, and cases not notified during life, but first intimated by death returns.

The ratio of non-notified tuberculosis deaths to total deaths from this disease was 14 per cent.

Following the receipt of circular 549 from the Ministry of Health, a letter was sent to all medical practitioners in the town calling attention to the importance of notifying cases of tuberculosis, and subsequently whenever the death returns revealed the death from tuberculosis of a person not notified during life, a letter was sent to the certifying practitioner asking for an explanation of the failure to notify. It has not yet become necessary to take more drastic action.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action appeared to be called for.

Public Health Act, 1925 ; Section 62.

No action was taken.

Tuberculosis Scheme.

This includes one dispensary at 8, Clare Road, at which cases are seen on Mondays from 3 to 5 p.m., and on Thursdays from 5 to 7 p.m., and at other times by appointment. Dr. Taylor, the Tuberculosis Officer, presides over the Dispensary, and Miss Oram, the Chief Health Visitor, also attends, and generally assists the Tuberculosis Officer in his work. She also links up the work with the Health Office, and very ably directs the work of the health visiting of tuberculous cases on notification, during their illness, and for after-care on discharge from institutions. There are in addition to Miss Oram six health visitors, who divide their time between Infant Welfare and Tuberculosis work, the proportion of time allotted to tuberculosis work being estimated at one quarter of the whole. There is a daily caretaker-cleaner. The Dispensary fulfils the functions for which it was created, viz., for consultations with medical men on questions of diagnosis and treatment, bacteriological diagnosis, supervision of contacts, "clearing-house" for cases requiring institutional treatment, supervision of "after-care," maintaining of records of tuberculous persons, and is in every way the centre of the antituberculosis campaign.

Cases requiring residential treatment are sent to the Council's Sanatorium at Shelf ; here are 25 beds for intermediate or advanced cases (2 being in side wards kept for emergencies), and 25 early cases. The latter are treated in the open-air pavilion and shelters in the grounds.

About two-thirds of the occupied beds are usually filled by Halifax cases, the others being let off to patients sent by the Lancashire County Council, West Riding County Council, and other authorities.

The wards for intermediate or advanced cases are usually fully occupied, but difficulty occurs in securing suitable early cases for the shelters. Very advanced cases which cannot safely be nursed at home and which cannot be permanently housed at the Sanatorium, are usually admitted to St. Luke's Hospital, under the care of the Guardians.

Dr. Taylor, the Tuberculosis Officer, resides at the Sanatorium. In addition the staff consists of the Matron (Miss Davidson), 2 sisters, 1 staff nurse, 3 probationers, 5 maids, and 2 men (porter and gardener).

For some months in 1925, during the illness of Dr. Taylor, it became necessary to employ temporary medical assistance, and the Committee was fortunate in being able to secure the services of Dr. Elenora J. Howie, who conducted the work at the Dispensary and the Sanatorium in a manner which gave complete satisfaction to all concerned.

The Tuberculosis Scheme also includes the Bermerside Residential Home. Here the Health Committee has a call on ten beds for children, but as "open" cases of tuberculosis are not admitted, nor any patients who are really ill, the function of this Institution in the Tuberculosis Scheme must be regarded as that of providing accommodation for children in the pre-tuberculous stage, such as "contacts" who are anaemic or debilitated. As such, the Institution has a place in the scheme, but it does not provide the Tuberculosis Officer with beds for children suffering from tuberculosis, and this want is not filled, nor has any means of filling it yet been found, in spite of earnest consideration by the Committee.

A scheme for the supervision of tuberculous cripples (and more particularly children suffering from forms of tuberculosis liable to cause crippling unless treated has been considered jointly with the Education and Maternity and Child Welfare Committees, and the formation of an Orthopaedic Clinic was proceeded with during the year. Anticipating that this would be associated with in-patient treatment in a recognised hospital-school for orthopaedic cases, one such case was sent to Kirby Moorside Hospital during the year. Another, an adult, was sent to the Shropshire Orthopaedic Hospital.

The following Table shows the number of notified cases of Tuberculosis remaining in the Borough on December 31st, 1925 :—

Total Cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
486	176	150	326	82	78	160

These figures give the results of the first revision of the Register, and may later be amended to some extent, when a definite decision has been reached regarding a number of old cases, in respect of which attempts are being made to secure re-examination at the clinic.

Dr. Taylor submits the following particulars of the work of the year :—

The facts and figures for 1925 are presented in practically the same form as previous years. In future the new tables of Memo 37/T and instructions therein, will have to be complied with, so as to render Tuberculosis reports throughout the country uniform and comparable. The necessary new forms and registers for this purpose are in use at the Dispensary and the Sanatorium, and a complete review and re-classification of all records since 1913, which will be completed by the autumn, will bring future returns on the new lines up-to-date.

Notifications received from the Health Department :—

Males 86, Females 66, Total 152 (includes 48 children under 16 years).

Of this total, 8 died before notification was received, 32 died within 3 months of notification.

Notified persons visited by the nurses ... 140

Repeat visits by the nurses ... 2,479

New cases examined at the Dispensary ... 136

16.1% of the new cases were contacts, classified as follows :

(1) Tuberculosis 4 ; (2) Non-Tuberculosis 17 ; (3) Doubtfully Tuberculosis 1.

No. of cases attending Dispensary during year ... 259

No. of attendances ... 1,340

Tuberculosis Dispensary :

Disposal of cases :—

64 were sent to Sanatorium.

6 were sent to Bermerside.

- 18 were admitted to St. Luke's Hospital.
 25 were treated at Halifax Royal Infirmary.
 1 child under school age to Kirbymoorside Orthopaedic Hospital.
 1 adult to Shropshire Orthopaedic Hospital.
 16 were treated by Tuberculin injections at Dispensary.
 3 were treated by Tuberculin Ointment at Dispensary.

Discharged Soldiers :—

60 attended Dispensary for certificates, supervision, etc., with a total of 249 attendances.

Of the new cases examined :—

- 78.4% were sent by Doctors.
 15.6% were Contacts.
 2% were from Maternity and Child Welfare Centre.
 2% were from School Clinic.
 1% were Transfers from other areas.
 1% were sent by Ministry of Pensions.
 Dental Treatment was provided in 40 cases.
 X Ray examination for diagnosis and control were made in 36 cases.

Bacteriological examinations were made in 374 cases as follows :—

	Positive	Negative	Total
Sputum ...	98	266	364
Other Specimens ...	—	—	10
			<hr/> 374

Shelf Sanatorium.

Admissions and Discharges during the year :—

	Halifax cases	Other Cases	Total
Remaining in on December 31st, 1924 ...	24	10	34
Admitted during the year... ..	*67	40	107
	91	50	141
Discharged during the year	69	34	103
Remaining in on December 31st, 1925 ...	22	16	38

*Includes 6 discharged soldiers.

Grouping of cases admitted during the year :—

A. *Non-Pulmonary* :—3 cases (Hip, Spine and Glands) 3

B. *Pulmonary* :—

Group 1. For observation—In one the diagnosis remained doubtful, in 5 others the diagnosis was as follows :—Malignant, exophthalmic goitre, mitral disease, anaemia, debility... ... 6

	Male.	Female.	Total.
Group 2. Early cases ...	7	15	22
Group 3. Intermediate cases	19	27	46
Group 4. Advanced cases ...	22	8	30

We still have to deplore the small percentage of early, *i.e.*, really suitable Sanatorium cases.

The average length of stay was 129 days, as compared with 124, 117, and 96 days in the preceding three years respectively.

The condition of the patients discharged was as follows :

Improved.	No Change.	Worse.	Dead.	Total.
54	27	11	11	103

All the deaths were pulmonary cases, nine being Halifax residents, and two from outside areas.

Treatment.

Treatment during the year has been on our usual methods, the application of Sanatorium principles, use of Tuberculin, and in selected cases well tried therapeutic agents. At the Dispensary the inunction of Tuberculin ointment, especially in young children, has given most encouraging results.

Owing to the increasing number of advanced cases to be treated, more extensive use has been made of Artificial Pneumothorax. This operation demands much patience and time on the part of the doctor, but these are well re-paid by the results obtained. During the year 17 cases were treated by this method. The Artificial Pneumothorax was induced in 9 cases (including one bilateral case), and altogether 150 refills were given. There was one case of gas replacement for fluid. This treatment may last two or more years, but as a rule the patient returns home or to work after the Pneumothorax is established, and comes back to the Sanatorium at stated intervals for a day, to have his or her refill. Patients' willingly take the risks of

the operation, and are very keen about following up the treatment. In all the cases where satisfactory compression of the lung was effected, the results were highly satisfactory, life prolonged, and a cleaner, more comfortable time secured for the sufferer.

Tuberculosis After-care Committee.

The Tuberculosis After-Care Committee of the Halifax Council of Social Welfare has continued its useful work of assisting the patients discharged from the Sanatorium, who require medical help. Extra nourishment supplied by the Health Committee to tuberculous persons is supplied when recommended by the After-Care Committee, whose members keep themselves acquainted with the needs of the various patients. 64 persons were regularly visited by members of the Committee during the year, 302 reports having been made. 19 were new patients, and 45 had been on the books previously. Through the efforts of the Committee work was found for some of the patients, others were provided with requirements such as beds, bedding and clothing. Where in addition to ordinary dental treatment, dentures are required to be provided by the Health Committee, the arrangements are made through the After-Care Committee, who enquire into all the circumstances and arrange the terms of repayment. The Committee is especially useful in watching the interests of children whose parents have died or been admitted to hospital or sanatorium.

Bacteriological Examinations.

The arrangements are as follows :—

Diphtheria.

Swabbing outfits may be obtained from the Health Department, and after use may be posted direct to the Pathological Department, Medical School, University of Leeds. Positive results are telephoned or telegraphed direct to the practitioner, but negative results are communicated by post only.

Enteric Fever.

Blood outfits for the agglutination test are supplied by the Health Department, and may be sent direct to the above address at Leeds.

Tuberculosis.

Sputum and other material is examined, as in the past, at the Tuberculosis Dispensary, 8, Clare Road, Halifax.

Examinations 1925.

The following Table shows the number of examinations carried out either at the University of Leeds or at the Tuberculosis Dispensary during the year, either for the medical practitioners of the town, for the fever hospital, the clinics, or the Health Department :—

Sputum for Tubercle	390
Diphtheria Swabs	321
Faeces for Typhoid	5
Agglutination Test (Widal) T.A.B. ...	7
Others (Pus, Fluids, etc.)	13
Total	736

In addition to the above, samples of milk from cows suspected to be suffering from tuberculosis of the udder have been taken by the Veterinary Inspector and submitted to bacteriological tests in other laboratories.

Issue of Sera and Vaccines.

Diphtheria Antitoxin :

As the Health Department is usually prepared to remove diphtheria cases to hospital on the shortest notice, the issue of diphtheria antitoxin for use in the town should be rarely required ; a supply is kept at the Health Department for issue in certain circumstances.

Botulism Antitoxin :

The Ministry of Health has placed botulism antitoxin at certain centres about the country. The nearest to Halifax are Manchester and Leeds. The Medical Officers of Health of these places are in charge of the supplies.

Venereal Diseases.

In conjunction with the County Authority, a joint clinic for the treatment of venereal diseases is held at the Royal Halifax Infirmary.

The clinic is open for women and children every Tuesday afternoon from 3-30 to 5-30, and from 6 to 8. For men, every Thursday between 6 and 8 p.m. Also an auxiliary treatment centre for men is open daily from 10 a.m. to 12 noon, and 6 to 8 p.m., and on Sundays from 10 a.m. to 12 noon. It appears that these arrangements are sufficient and adequate for the needs of the Borough.

There is a Medical Officer with an Assistant Medical Officer in charge of this clinic.

The following figures refer to local patients attending the Treatment Centre :—

				Clinic
Number of persons dealt with in connection with the out-patient clinic, for the first time during the year, and found to be suffering from :—				
Syphilis	...	...	...	68
Soft Chancre	...	...	...	—
Gonorrhoea	...	...	...	109
Conditions other than Venereal			...	99
Total			...	276

Total attendances at the out-patient clinic	...	8,529
Aggregate number of in-patient days...	...	291
Number of doses of Salvarsan Substitutes given	...	411

Specimens sent to an approved Laboratory for :—			
Detection of Spirochaetes	...	...	4
Detection of Gonococci	...	...	—
Detection of other organisms	...	...	—
Wassermann Reaction	...	...	238
Total	...	...	242

906 examinations for detection of Gonococci were carried out at the Treatment Centre.

There are 6 medical practitioners, not including the two officers of the clinic, in the Borough, qualified to receive free supplies of Salvarsan substitutes.

There were 86 specimens sent to the pathological laboratory provided by the Council, by the general practitioners during the year.

Maternity and Child Welfare.

Dr. Alice Latchmore is the Medical Officer for Maternity and Child Welfare and also undertakes the supervision of midwives. The following particulars refer to the work of this Department :—

Midwives.

Number practising in the Borough of Halifax during the year	... ..	30
(This includes Midwives working in Institutions).		
Number holding the Central Midwives Board Certificate (by examination)...	... ..	26
Number of <i>bona fide</i> Midwives (<i>i.e.</i> , holding the Certificate of the Central Midwives Board by virtue of having been in practice before 1902) ...		4
Number of cases in which Medical Aid was summoned by Midwives	... ..	129
23 medical aid notices were sent on behalf of the child,		
3 for inflammation of eyes, 20 for feebleness, etc.		
106 were sent on behalf of the mother.		
Notification by midwives of intention to resort to artificial feeding, 8.		

Midwifery Services Subsidised by the Corporation.

The Midwifery Service carried on by the Halifax District Nursing Association in the Bradshaw area is subsidised by the Corporation. The total number of cases attended by the Association's midwives, including those in Bradshaw, was 513 (a doctor being engaged in 98 of these cases). Since November, at Northowram, a nurse-midwife has attended every weekday at Dr. Thompson's branch surgery for messages, and in addition to cases of sickness she has attended one midwifery case.

The Luddenden Nursing Association also receives a small subsidy from the Corporation in support of its midwifery work.

"Handy Women."

The number of instances in which mothers are delivered by uncertified women in the absence of a doctor, appears to be steadily decreasing, and such cases as come to notice are carefully enquired into with a view to disciplinary action where necessary. The Health Visitors are instructed to enter on the birth enquiry card whether a doctor was present at birth or not, in all cases not attended by certified

midwives, and these cases are followed up to ascertain (if the doctor was not present) whether the woman in attendance had attempted to secure the attendance of the doctor in time to deliver the patient. It is hoped that in time it may be possible entirely to suppress unqualified practice.

Inspection of Midwives.

Visits of inspection have been paid periodically by Dr. Latchmore, and the standard of work on the whole appears satisfactory.

NOTIFICATION OF BIRTHS ACT, 1907:—

Number of births notified...	}	including births transferable to other districts.	{	1,381
Number of births registered				1,507
Ratio of notified to registered	...	...		91.6 %
Number of stillbirths notified	...	...		55
Number of notified births attended by Doctors with and without Midwives	...	...		480
Number of notified births attended by Midwives only	...	...		525
Number of notified births attended in St. Luke's Maternity Home and Hospital	...	...		216
Number of notified births attended in Royal Halifax Infirmary	...	...		144
Number of notified births attended in other institutions	...	...		16

Still Births.

Through the kindness of the Cemetery Superintendents, I am able to report that 67 still-born children were buried in the various cemeteries (though only 55 were notified in accordance with the Act).

Health Visiting Summary :--

Primary Visits	...	...	1,318
Visits, 1-5 years	...	...	5,908
Repeat visits under 1 year	...	...	5,538
Ante-natal visits	...	...	242

The number of visits paid to children aged 1-5 years is nearly double the number paid in the previous year, increased attention having been given to this section. Ante-natal visits were also increased to twice the number paid in 1924. The Health Visitors have also paid 29 visits in connection with mental deficiency (females), and 561 visits were paid to tuberculous persons.

CLINICS—Infant Welfare :—

Wade Street— Number of sessions, 134.

Wednesday ; morning & afternoon sessions.

Friday ; morning session.

New cases, 396.

Re-visits, 3,946.

Queen's Road—Number of Sessions, 90.

Tuesday ; Morning and Afternoon sessions.

New cases, 281.

Re-visits, 3,429.

Range Bank— Number of sessions, 45.

Monday ; Afternoon session.

New cases, 84.

Re-visits, 1,009.

Total new cases, 761.

Increase on previous year, 12.

Total re-visits to clinics, 8,384.

Increase on previous year, 511.

Ante and Post-natal Clinics :—

Wade Street— Number of Sessions, 44.

Thursday ; Afternoon session.

New cases, 89.

Total attendances, 295.

Ante-natal Work.

Dr. Latchmore states :—

The importance of Ante-natal work cannot be overstated, as the neo-natal deathrate (deaths during the first month) is recognised as being largely due to ante-natal conditions and difficult labours, and can therefore only be successfully combated by supervision of the mothers during pregnancy, and by arranging beforehand for the Institution treatment of cases which threaten to be abnormal.

Ante-natal clinics are held regularly at the Infirmary and St. Luke's Hospital, and the midwives of the District Nursing Association also do a large amount of ante-natal work (for example taking external measurements and testing urine).

It is significant that of the total deaths of infants under one year, during 1925 in Halifax, viz., 133, 67 babies died during the first 4 weeks from birth. That is, more than half of the babies who died were under one month.

Three of the neo-natal deaths were triplets (5 months pregnancy), born prematurely, quite incapable of an independent existence. Another neo-natal case was that of a five months pregnancy. These four deaths would be more correctly described as "miscarriages" than "premature births."

It is not sufficiently recognised that many well built infants perish in the narrow bony strait which intervenes between intra and extra uterine life. Some perish outright, and others survive for a time, damaged; and the biggest problem of midwifery is to prevent this.

Many people argue that weaklings may not be worth saving, but experience proves that a good proportion of delicate infants ultimately do well.

Maternal Mortality.

Considerable attention has been paid to the question of maternal mortality, and the subject has been reported upon at some length in previous reports.

The following Table shows the deaths during the five years :—

	1921	1922	1923	1924	1925
From Sepsis	3	3	3	0	1
From other causes	9	7	7	6	7
Per 1,000 births...	6·7	6·2	6·5	4·0	5·6

Although there was a slight increase last year over the previous year, the trend of this figure is downwards, and it is hoped that with increased ante-natal supervision, coupled with greater facilities for Institutional accommodation at the time of confinement, this improvement may continue.

Maternity Home Accommodation.

The homes in connection with the Royal Halifax Infirmary and St. Luke's Hospital appear amply to meet the needs of the town. It was stated in the last Annual Report that the Corporation had an arrangement by which patients were assisted to enter these homes, the Corporation paying to the Institutions the cost of maintenance and collecting from the patients such portion of the charges as they could afford to pay. In actual practice this arrangement has not been greatly used, because the patients have found that it costs them less to go into the Infirmary direct, and not under the Corporation's arrangements.

New Clinic Premises.

The Corporation has acquired excellent premises in Northgate which are being adapted as an Infant Welfare Centre, and on completion the old unsuitable premises in Wade Street will be relinquished, and the Monday afternoon Clinic at Range Bank will be discontinued.

Orthopaedic Scheme.

Arrangements are being made jointly with the Education Committee for a Clinic at which cripple children (or children suffering from diseases liable to cause crippling) will be seen by an orthopaedic specialist, and will receive treatment. Those requiring prolonged open-air treatment will be sent to a special orthopaedic hospital-school, and those requiring massage, remedial gymnastics, or electrical treatment will receive it at the Clinic. In this way it is hoped that in the future few children will grow up seriously crippled, for it is believed that many of the deformities now seen in up-grown people could have been prevented had appropriate treatment been given at the proper time.

Co-ordination with School Medical Service.

In addition to the joint action in regard to the orthopaedic scheme, co-ordination between the Infant Welfare Staff and the School Medical Service takes place, especially by the transfer of the records of all children attaining the age of 7 years from the one department to the other, thus ensuring a continuous record.

Changes in the Staff.

Nurse McCormac gave up her work on February 28th, 1925, owing to her approaching marriage. Nurse Maudsley also left Halifax on November 30th, to take up duties elsewhere. Both did very good work while in Halifax. Nurse Briggs commenced duties in May, 1925.

Voluntary Workers.

It is a privilege to be able to place on record once more the names of the ladies, who week by week, give their valued services to the clinics. When it is remembered that about fifty per cent. of all babies born in the town attend the Infant Welfare Centres, it is obvious how important is the work to which these ladies so earnestly devote themselves.

The following list gives the names of the ladies who take part in the work of the clinics :—

REGULAR HELPERS.	OCCASIONAL HELPERS.
Mrs. Frank Whitley	Mrs. Drury.
Mrs. Robert Whitaker.	Mrs. Harris.
Mrs. Joseph Smithson.	Miss Magson.
Miss P. Bentley.	Miss Spencer.
Miss Rouse.	Mrs. Smith.
Miss Cone.	
Miss Oakes.	
Mrs. R. Stirk.	
Mrs. Whitaker.	
Mrs. Donohoe.	
Miss Smithson.	
Miss Kerr.	

Arrangements for the Supply of Food and Milk.

Dried milk has proved itself to be the most satisfactory of all infant foods (other than mother's milk). This is particularly the case in the poorer houses which have no proper place for storing fresh milk. In order to place dried milk within reach of all cases in which it is prescribed by the clinic doctor, it is sold at little more than cost price at the clinics. Arrangements are also made to give away a certain amount of this commodity to the poorest families, but this is only done after a strict enquiry into circumstances, and in accordance with the scheme laid down.

The purpose of the clinic being to keep healthy babies healthy and to teach mothers how to manage their infants, the treatment of ailments does not enter greatly into the work, and therefore the amount of drugs and medicaments supplied is very small.

Simple ointments and medicaments used in the treatment of minor ailments are sold in small quantities, as prescribed, and certain proprietary food-stuffs are also sold cheaply, when prescribed in individual cases.

Infectious Diseases of Young Children.

These are dealt with in the Infectious Disease Section, page 46.

Mention may be made here of infantile diarrhoea, which used to take such a heavy toll of life in summer, but which for some years now has not been a serious matter. The decline in this scourge has been attributed to many factors. There seems no doubt that one of the reasons it has lost its terrors, is that the work of the Health Visitors and the clinics has resulted in the mothers having a better knowledge of correct infant feeding; they also know what to

do when a child begins to suffer. The use of dried milks in place of the ordinary bacteria-polluted milk has probably done a great deal to prevent the illness. Another factor, which perhaps has not been sufficiently emphasised, is the abolition of the long-tube feeding bottle, which could not be kept clean and therefore harboured bacteria; this has now been almost entirely replaced by the hygienic boat-shaped bottle, which can be cleaned.

Prevalence of house flies is usually associated with an increase in infantile diarrhoea, and as flies breed chiefly in horse manure, it is probable that the advent of the motor car had something to do with the reduction in the amount of infantile diarrhoea.

Last summer a strenuous campaign (beginning in the early spring) was conducted by the Health Department to ensure that all collections of manure in the populous parts of the town should be removed at least once weekly, and stable-owners were warned that if fly-larvae or pupae were discovered in any quantities on their premises, they would be held to be responsible for a "nuisance" under the Public Health Act and proceeded against accordingly. The object of this, of course, was to prevent a fly plague in the populous districts.

Propaganda Work.

Health Week, usually observed early in October, was not observed this year, for various reasons. Instead, it was decided to have one Health Week during the two years 1925-6, this being fixed to take place in February, 1926. Public Health educational work, however, was not neglected. On March 6th and 7th, 1925, a Sessional Meeting of the Royal Sanitary Institute was held in Halifax, on the invitation of the Health Committee. The Institute was represented by Professor Louis C. Parkes, who presided at the meetings, and by Mr. Mulford, the Assistant Secretary. Delegates attended not only from most of the surrounding districts, but from Lancashire on the one side and Goole on the other, some 70 persons taking part; these included members of Local Authorities as well as officers connected with the various sections of Public Health work, such as Medical Officers of Health, Veterinary Inspectors, Sanitary Inspectors, Health Visitors and Cleansing Superintendents.

The members were welcomed in the Town Hall by the Mayor (Alderman Waddington) and by the Chairman of the Health Committee (Alderman Dr. Branson), and were

entertained at tea by the Health Committee. Subsequently two discussions took place. The first was opened by Mr. John Pollard, M.R.C.V.S., D.V.S.M., the Veterinary Inspector for the Corporation, on "[The Working of the Milk and Dairies (Amendment) Act, 1922." The other, on "Some Food Dangers," was opened by the Borough Analyst (Mr. H. T. Lea, M.Sc., A.I.C.). Both discussions were well maintained, and were subsequently fully reported in the local press, so as to gain local interest in these subjects.

The proceedings of the following day were opened by a visit to "Toffee Town," on the kind invitation of Messrs. John Mackintosh & Sons, Ltd., where great interest was taken in the arrangements made for the welfare of the workers. Subsequently the members went to see the manufacture of sanitary ware of many kinds, at the works of Messrs. Oates and Green, Ltd., who provided an extremely useful and instructive exhibition of this important local industry. After a luncheon, which was held at the White Swan Hotel, a visit was paid to the new salvage plant at Charlestown under the guidance of Mr. Sagar, the Cleansing Superintendent, and this proved an exceptionally valuable visit. Finally the visitors were taken by motors through some of the beautiful parts of the town to Bermerside Open-air School and Home, which was inspected in detail, and tea was kindly provided by Mr. A. D. Oates, J.P. The general verdict was that the meeting had proved most successful, being both enjoyable and educational.

During the year the Medical Officer of Health and the Chief Sanitary Inspector gave lectures to various local societies on Public Health matters, and they also helped in similar work in other towns. "Clean Milk" propaganda work is referred to in the report of the Veterinary Inspector (page ...). By such means public interest in matters of health is being maintained.

Medical Examination of Tramwaymen and Gasworkers.

The Medical Officer of Health or Dr. Taylor carried out the following medical examinations on behalf of the Tramways and Gas Committees, including several consultations with usual medical attendants:—

Tramwaymen—

Applicants for employment or promotion	...	79
Return to work after sickness (other than cases certified by usual medical attendants)	...	8

Gasworkers—

Special examinations	I
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Mental Deficiency Act, 1913.

The Medical Officer of Health is Medical Officer to the Committee for the Care of the Mentally Defective, and a reference to this work is therefore included in the Report.

Mentally defective persons who are subject to be dealt with by the Committee are either kept under supervision or are sent to Institutions under Judicial Order.

Those who are under supervision are visited periodically by the Medical Officer, the Health Visitors, or the Sanitary Inspectors.

Institutional accommodation for males is provided at the Mid-Yorkshire Institution, Whixley, for which the Halifax Corporation is responsible, jointly with certain other local authorities. This is a very fine Institution. Most of the male cases are sent there, but a few, for definite reasons, are accommodated elsewhere. Accommodation for females is difficult to procure, and use is made of any approved Institution in which vacancies can be obtained. Halifax cases are at present in the following Institutions:

Mid-Yorkshire Institution, Whixley, near York.

Gibbet Street Institution, Halifax.

Pontville R.C. Special School, Ormskirk, Lancs.

Stoke Park Colony, near Bristol.

Royal Albert Institution, Lancaster.

St. Francis R.C. Special School, Buntingford, Herts.

Girls' Training Homes, Clapton.

Wordsley Institution.

Tenterden Union, Tenterden, Kent.

The following Table shows the position on December 31st, 1925:—

1.	Under "Order"	M.	F.	Total
	(a) In Institutions	20	13	33
	(b) Under Guardianship	Nil	Nil	Nil
2.	In Institutions or under Guardianship dealt with under Sec. 3— in regard to whom the Local Authority contributes under its permissive powers	Nil	Nil	Nil
3.	In "places of safety"	Nil	Nil	Nil
4.	Under Statutory Supervision	38	21	59
	Numbers of foregoing:—			
	(a) Attending Occupation Centres	Nil	Nil	Nil
	(b) Awaiting removal to an Institution	5	2	7

5. Under Voluntary Supervision ...	Nil	Nil	Nil
Numbers of foregoing attending Occupation Centres ...	Nil	Nil	Nil
6. "Subject to be dealt with," but action not yet taken :—			
(a) Notified by Local Education Authority, Sec. 2 (1), (b) (v)	Nil	Nil	Nil
(b) Otherwise "ascertained" ...	Nil	Nil	Nil
7. Under consideration, as to whom it had not been decided whether they are "subject to be dealt with" or not :—	Nil	Nil	Nil

**Cases Notified by Local Education Authorities
under Sec. 2 (i), (b), (v).**

	M.	F.	Total
Sent to Institutions (by Order) ...	Nil	Nil	Nil
Placed under Guardianship (by Order)	Nil	Nil	Nil
Placed under Statutory Supervision ...	5	1	6
Action not yet taken ...	Nil	Nil	Nil
	<hr/>	<hr/>	<hr/>
Total ...	5	1	6

There is no "occupation centre" provided in Halifax for mental defectives who are under supervision.

The resignation from public work of Alderman Brooks-bank during the year deprived the Committee of his valued services as Chairman; in his place Councillor John Broadbent was appointed.

The particulars given above relate solely to cases under the care of the Statutory Committee, and have nothing to do with children under school age, who, so long as they are capable of receiving benefit from instruction in a special school remain under the care of the Education Committee. Particulars regarding them are to be found in the reports of the School Medical Service published separately, in which the work of the special school at Quarry House is described.

INDEX.

Acts, Local etc.	19	Margarine	41
inistration, Sanitary	19	Maternity and Child Welfare	64
After-Care, Tuberculosis	61	" Homes	67
Ambulance	18	Measles	50
Analyst, Borough	19, 45	Meat Inspection	38
Ante-natal clinics	66	Mental Deficiency	72
Antitoxin Botulism	62	Meteorology	74
" Diphtheria	62	Midwives	64
Area	8	Milk,	35, 41
Bacteriology	61	Milkshops	27
Bakehouses	26	Notices	23
Birth, Notification	65	Notification, Births	65
" Rates	11	" Disease	46
Cerebro-Spinal Fever	46, 49, 50	Nuisances	22
Clinic, Ante-natal	66	Nursing, District... ..	18
" Infant	66	Offensive Trades... ..	38
" School	18	Ophthalmia	46, 48
" Tuberculosis	56	Population	8
" Venereal... ..	62	Propaganda	70
Closets	21	Puerperal Fever	46, 67
Common Lodging Houses	32	Rainfall	74
Cowsheds	27, 35	Rateable value	8
Cream	41, 43	Rats	30
Dairies	27, 35	Refuse Disposal... ..	21
Death in Childbirth	67	Rivers	20
" Rates	12	Sale of Foods and Drugs	41
" Infectious disease	46	Salvage, Refuse	21
Diarrhœa	69	Sanatorium	59
Diphtheria	46, 47	Sanitary Administration	19
Disinfection	54	Scarlet Fever	46, 47
Dispensary Tuberculosis	56	Scavenging	21
Drainage	20, 22	School Medical Service... ..	18, 68
Enteric Fever	46, 47	Sewerage	20
Encephalitis	46, 49	Shops Inspection	29
Factories	25	Slaughterhouses	37
Fever Hospital	53	Small Pox Hospital	54
Food and Drugs, Sale of	41	Smoke abatement	28
Gas Workers	71	Staff	2
Gonorrhœa	63	Stillbirths... ..	65
Goux closets	21	Stoney Royd Hospital	53
Health Visitors	3, 65	Syphilis	63
" Week	70	Tramwaymen	71
Hospital, Fever	53	Tuberculosis	55
" Small Pox	54	Typhoid Fever	46, 47
" Tuberculosis	59	Unhealthy Area	31
Housing	31	Venereal Disease	62
Ice-cream	27	Veterinary Inspector	35, 38
Infant Mortality	12, 64	Vital Statistics	11
Infant Welfare	64	Voluntary Workers	61, 68
Infectious Disease	46	Water supply	19
Infirmery, Royal Halifax	63, 67	Whitley Institution	72
Institutions, Summary	17	Whooping Cough	51
Laboratory Work	61	Workshops	25
Lodging Houses	32		

General Summary of Meteorological Observations taken at the Public Library, Belle Vue, from January 1st, 1925, to December 31st, 1925.

By E. GREEN, LIBRARIAN.

LATITUDE OF STATION = 53° 43' N. LONGITUDE = 1° 52' W. HEIGHT ABOVE SEA LEVEL = 625 FEET.

1925.	Pressure of Atmosphere in Month.		Temperature of Air in Month.						Mean Temperature.		Vapour.			Mean degree of Humidity. Saturation=100.	Mean Weight of a cubic foot of Air.	Mean Reading of Thermometer.		Wind.										Mean amount of Cloud.	Rain.		REMARKS	
Month.	Mean at 32° F. and Sea Level.	Range.	Highest.	Lowest.	Range.	Mean.			(Adopted.) Air.	Dew Points.	Elastic Force.	In a cubic foot of Air.				Maximum in Rays of Sun.	Minimum on Grass.	Estimated Strength.	Relative proportion of										No. of Days it fell.	Amount Collected.		
						Of all Highest.	Of all Lowest.	Daily Range.				Mean.	Short of Saturation.						N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calms.					
	ins.	ins.	°	°	°	°	°	°	°	°	ins.	grs.	grs.		grs.	°	°													ins.		
January	...	30.032	1.724	51.6	29.2	22.4	46.0	35.0	11.0	40.3	35.3	.206	2.3	0.5	84	537.8	55.9	20.3	2.0	0	1	0	4	0	10	8	9	15	7.9	16	3.89	The observations have been reduced to mean values by Glaisher's Barometrical & Diurnal Range Tables, and the Hygrometrical results have been deduced from the seventh edition of Hygrometrical Tables, after corrections for Index errors of the Instruments employed.
February	...	29.510	1.678	52.4	30.1	22.3	45.8	33.5	12.3	38.8	35.6	.208	2.4	0.3	91	540.0	70.0	18.9	3.0	0	1	0	2	0	20	5	6	10	9.0	23	6.60	
March	...	29.941	0.834	51.7	22.5	29.2	44.7	33.2	11.5	38.9	34.4	.199	2.3	0.5	84	538.9	75.8	19.5	2.5	9	3	0	0	0	3	10	12	10	6.9	15	1.44	
April	...	29.792	0.966	59.8	31.0	28.8	50.8	35.6	15.2	42.2	36.5	.215	2.5	0.5	84	536.7	87.9	21.2	3.0	0	0	0	5	0	5	6	14	9	6.5	16	2.41	
May	...	29.705	1.094	70.9	31.9	39.0	58.3	42.5	15.8	49.5	43.8	.285	3.3	0.5	86	528.8	96.1	29.0	2.0	0	1	0	12	2	11	5	6	12	7.0	20	4.61	
June	...	29.097	0.452	82.9	43.1	39.8	66.4	47.1	19.3	55.1	52.0	.403	4.5	—	100	522.9	112.0	32.5	1.5	3	5	0	0	0	6	8	9	13	5.2	2	0.07	
July	...	29.880	0.906	82.2	46.2	36.0	68.9	51.3	17.6	59.4	55.2	.451	5.0	0.4	90	517.6	110.6	36.6	1.5	1	10	1	2	1	6	10	3	13	6.4	8	1.11	
August	...	29.917	0.802	73.6	44.9	28.7	65.8	50.5	15.3	57.2	55.1	.449	4.8	0.2	96	519.6	102.2	32.4	1.5	3	1	0	0	0	15	6	2	17	8.2	17	3.49	
September	...	29.900	1.186	64.7	38.0	26.7	56.6	44.5	12.1	50.6	42.8	.276	3.1	1.1	74	525.8	93.9	25.2	1.0	6	0	0	0	0	4	9	15	14	6.9	20	2.82	
October	...	29.560	1.924	70.8	31.9	38.9	57.0	42.2	14.8	49.0	40.7	.255	2.9	1.1	73	528.0	80.5	30.5	2.5	1	3	0	0	1	15	1	13	15	6.4	16	4.43	
November	...	30.199	1.566	56.2	21.1	35.1	43.2	31.6	11.6	36.9	35.0	.212	2.5	—	100	542.1	59.2	28.1	2.0	7	2	3	2	0	4	3	10	15	6.7	12	2.65	
December	...	29.709	1.718	58.3	19.9	38.4	43.3	30.8	12.5	36.8	34.0	.193	2.2	0.3	91	542.2	53.1	28.5	3.0	8	0	0	0	0	7	5	14	11	6.4	14	2.45	
Annual Means		29.770	1.237	66.2	32.4	32.1	53.9	39.9	14.0	46.2	41.7	.279	3.1	0.4	87	531.7	83.1	26.9	2.1	3	2	0.3	2	0.3	9	6	9	12	7.0			

The Mean Monthly Readings of the Earth Thermometer, four feet below the surface, were as follows:—

January, 44°	March, 42°	May, 45°	July, 54°	September, 55°	November, 47°
February, 42°	April, 43°	June, 52°	August, 56°	October, 51°	December, 41°

Highest Readings = 56° on July 31st to Sept. 5th.

Lowest Readings = 40° on Dec. 28th to 31st.

Rain fell on 179 days, and measured 35.97 inches.

